

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90031 014 ****61.25

DOCUMENT # N93000004516

1. Corporation Name

3323 BAHIA SOUTH INC.

Principal Place of Business

**76 TURKEY CREEK
ALACHUA FL 32615**

Mailing Address

**76 TURKEY CREEK
ALACHUA FL 32615**



2. Principal Place of Business

21 **11417 NW 67th Terr**

Suite, Apt. #, etc.

22

2a. Mailing Address

26 **76 Turkey Creek**

Suite, Apt. #, etc.

27

3. Date Incorporated or Qualified

09/30/1993

4. FEI Number

59-3213050

Applied For

Not Applicable

City & State

23 **Alachua, FL**

Zip

24 **32615**

Country

25 **alachua**

City & State

28 **alachua, FL**

Zip

29 **32615**

Country

30 **alachua**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**HEPTINSTALL, CHARLES
11417 N.W. 67TH TERRACE
ALACHUA FL 32615**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Charles R. Heptinstall**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
HEPTINSTALL, MARILYN**
STREET ADDRESS **11417 N.W. 67TH TERRACE**
CITY-ST-ZIP **ALACHUA FL 32615**

TITLE ☐ DELETE

NAME **VPD
MISHO, LISA ANNE**
STREET ADDRESS **11417 N.W. 67TH TERRACE**
CITY-ST-ZIP **ALACHUA FL 32615**

TITLE ☐ DELETE

NAME **TD
AUSTIN, BETTY**
STREET ADDRESS **11417 N.W. 67TH TERRACE**
CITY-ST-ZIP **ALACHUA FL 32615**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Marilyn Heptinstall**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

Date

**904
462-5207**

Daytime Phone #

CR2E037 (11/98)