

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001121

FILED  
Mar 20, 2009  
Secretary of State

**Entity Name:** BAHIA OAKS MOBILE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5640 SW 64TH STREET ROAD  
OCALA, FL 34474 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 771693  
OCALA, FL 34477693 US

**New Mailing Address:**

**FEI Number:** 59-3371761

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NIEHAUS, DORA  
6410 SW 59TH CT.  
OCALA, FL 34474 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KIEFFER, SCOTT  
Address: 5871 SW 63RD LANE ROAD  
City-St-Zip: OCALA, FL 34474

Title: VP ( ) Delete  
Name: LEIGHTON, GERALDINE  
Address: 5731 SW 61ST PLACE  
City-St-Zip: OCALA, FL 34474

Title: S ( ) Delete  
Name: HUNSINGER, TERRY  
Address: 5811 SW 63RD PL RD  
City-St-Zip: OCALA, FL 34474

Title: T ( ) Delete  
Name: NIEHAUS, DORA  
Address: 6410 SW 59TH CT  
City-St-Zip: OCALA, FL 34474

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DORA NIEHAUS

T

03/20/2009

Electronic Signature of Signing Officer or Director

Date