


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90011 014 \*\*\*\*61.25

<b>DOCUMENT # N97000006787</b>					
<b>1. Entity Name</b> BAHIA MIRAMAR HOMEOWNERS' ASSOCIATION, INC.					
<b>Principal Place of Business</b> 1941 NW 150TH AVE PEMBROKE PINES, FL 33028 US			<b>Mailing Address</b> 1941 NW 150TH AVE PEMBROKE PINES, FL 33028 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 65-0880701	
Zip		Country		Zip	
Country		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  BROUGH, CHADRON & LEVINE, P.A. GLOBAL COMMERCE CENTER 1900 NORTH COMMERCE PKWY WESTON, FL 33326			<b>7. Name and Address of New Registered Agent</b>		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reappointing) _____ <b>DATE</b> _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>TSD</b> CRUZ, JUAN C 12495 SW 53RD ST MIRAMAR, FL 33027	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> RAMESSAR, IAN 12489 SW 53ST MIRAMAR, FL 33027	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> GARVIN, LOTTI 12558 SW 53RD CT MIRAMAR, FL 33027	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> WILLIAMSON, KATHY 5332 SW 126TH AVE MIRAMAR, FL 33027	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> FRANK WESLEY 5332 SW 126 AVE. MIRAMAR, FLA. 33027	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> _____ <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b> _____ <b>Date</b> _____ <b>Daytime Phone #</b> _____					