

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

03-06-2008 90033 003 \*\*\*\*61.25

**DOCUMENT # N99000004892**

1. Entity Name

BAHIA BAY NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business

3900 WOODLAKE BLVD. SUITE 309  
LAKE WORTH, FL 33463

Mailing Address

3900 WOODLAKE BLVD. SUITE 309  
LAKE WORTH, FL 33463



01212008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0951967

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

JAY STEVEN LEVINE, P.A.  
3300 PGA BLVD., SUITE 530  
PALM BEACH GARDENS, FL 33410

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IN THIS SPACE**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME MCALLISTER, MARK  
STREET ADDRESS 4081 BAHIA ISLE CIR  
CITY-ST-ZIP WELLINGTON, FL 33467

TITLE VPD  
NAME BLUMBERG, LEONARD  
STREET ADDRESS 4094 BAHIA ISLE CIR  
CITY-ST-ZIP WELLINGTON, FL 33467

TITLE TSD  
NAME SCHWARTZ, MARK  
STREET ADDRESS 4089 BAHIA ISLE CIR  
CITY-ST-ZIP WELLINGTON, FL 33467

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/6/08

561-797-6475