

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91793 033 ***150.00

0691194 FP

DOCUMENT # P98000032322

1. Entity Name
BAHIA SUN REALTY CORP.



Principal Place of Business
**ROSEN DEVELOPMENT GROUP INC.
550 MAMORONECK AVENUE
HARRISON NY 10520**

Mailing Address
**2250 AVENIDA DEL VERA
FORT MYERS FL 33917**



2. Principal Place of Business
2250 Avenida Del Vera

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. Ft. Myers

City & State

Zip
33917

Country

Zip

Country

4. FEI Number
58-2386107

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CALLAHAN, W S ESQ
37 N ORANGE AVE
SUITE 200
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ROSEN, MICHAEL E**
STREET ADDRESS **C/O 550 MAMORONECK AVENUE**
CITY-ST-ZIP **HARRISON NY 10528**

TITLE **D** ☐ Delete
NAME **CLARK, DAVE**
STREET ADDRESS **C/O 2250 AVENIDA DEL VERA**
CITY-ST-ZIP **NORTH FORT MYERS FL 33917**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P MD** ☒ Change ☐ Addition
NAME **ROSEN, MICHAEL E**
STREET ADDRESS **2250 AVENIDA DEL VERA**
CITY-ST-ZIP **N. Ft. Myers FL 33917**

TITLE **VP D** ☒ Change ☐ Addition
NAME **CLARK, DAVE**
STREET ADDRESS **2250 AVENIDA DEL VERA**
CITY-ST-ZIP **N. Ft. Myers FL 33917**

TITLE **VP** ☐ Change ☒ Addition
NAME **Cordello, Douglas**
STREET ADDRESS **2250 AVENIDA DEL VERA**
CITY-ST-ZIP **N. Ft. Myers FL 33917**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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 607, 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]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03

Date

239-731-4538

Daytime Phone #

CR2E034 (10/02)