

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N14580** (7)

1. Corporation Name

LA BAHIA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 6706 N 9TH AVE D-3 PENSACOLA FL 32504
Mailing Address: 6706 N 9TH AVE D-3 PENSACOLA FL 32504

3. Date Incorporated or Qualified: 04/25/1986
3a. Date of Last Report: 03/01/1995

| | | | | | | | |
|--------------------------------|----------------------|---------------------|----------------------|--|-------|----------------|----------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | | Applied For | |
| 21 | 1300 FT. PICKENS RD. | 26 | 1591 VIA DELUNA DR. | 59-2854778 | | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 22 | | 27 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| City & State | | City & State | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 23 | PENSACOLA BEACH, FL. | 28 | PENSACOLA BEACH, FL. | | | | |
| 24 | 32561 | 25 | ESCAMBIA | 29 | 32561 | 30 | ESCAMBIA |

| | | | | | | | |
|--|--|--|--|--|---|----|-----------------|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| BAROCO, RONALD ANTHONY 6706 N 9TH AVE D-3 PENSACOLA FL 32504 | | | | 81 | Name: REALTY MAPS INTERNATIONAL, INC. | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable): 1591 VIA DELUNA DRIVE | | |
| | | | | 83 | | | |
| | | | | 84 | City: PENSACOLA BEACH, FL | 85 | Zip Code: 32561 |

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: *[Signature]* DATE: 3-31-96

| | | | | | | | |
|----------------------------|------------------------|--|--------------------|---|--|-----------------------------------|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | VP | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | PRES./D | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | BAROCO, JAMES H., JR. | | 1.2 NAME | MICHAEL RUSSO | | | |
| STREET ADDRESS | 6706 N. NINTH AVE. | | 1.3 STREET ADDRESS | 801 PANFARIO DR. | | | |
| CITY-ST-ZIP | PENSACOLA FL | | 1.4 CITY-ST-ZIP | PENSACOLA BEACH, FL. 32561 | | | |
| TITLE | STD | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | VP/D | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | BAROCO, RONALD A. | | 2.2 NAME | FRED GEORGE | | | |
| STREET ADDRESS | 6706 N. NINTH AVE. | | 2.3 STREET ADDRESS | 1025 PALASADES DR. PNS BCH, FL. 32561 | | | |
| CITY-ST-ZIP | PENSACOLA FL | | 2.4 CITY-ST-ZIP | | | | |
| TITLE | PD | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | SEC/D | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | CLARK, PAUL K. | | 3.2 NAME | SUE ALLEN | | | |
| STREET ADDRESS | 8706 N. NINTH AVE. | | 3.3 STREET ADDRESS | 6804 DEVONSHIRE CIR. PNS, FL. 32507 | | | |
| CITY-ST-ZIP | PENSACOLA FL | | 3.4 CITY-ST-ZIP | | | | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | TREAS/D | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | ALLEN, SUE | | 4.2 NAME | RANDLE CAGNONI | | | |
| STREET ADDRESS | 6804 DEVONSHIRE CIRCLE | | 4.3 STREET ADDRESS | 4326 MONTAGE DR. PNS, FL. 32504 | | | |
| CITY-ST-ZIP | PENSACOLA FL | | 4.4 CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> DELETE | 5.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> DELETE | 6.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *[Signature]* DATE: 904-887-0074

CR2E037 (12/95)