

FILE NOW: FILING FEE IS \$61.25

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Jun 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra D. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N14580 (7)**

1. Corporation Name  
**LA BAHIA CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>1300 FT PICKENS RD PENSACOLA BCH FL 32561 US</b>	Mailing Address <b>1591 VIA DELUNA DR PENSACOLA BCH FL 32561-2339 US</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>04/25/1986</b>	3a. Date of Last Report <b>04/24/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-2854778</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. Zip	28. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Zip	25. Country	29. Zip	30. Country
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>REALTY MARTS INTERNATIONAL INC. 1591 VIA DELUNA DR PENSACOLA BCH FL 32561</b>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City	<b>FL</b>	85. Zip Code	

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 18	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>PRESIDENT/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUSSO, MICHAEL</b>	1.2 NAME	<b>DEBORAH CONNOR, M.D.</b>
STREET ADDRESS	<b>801 PANFARIO DR</b>	1.3 STREET ADDRESS	<b>155-D BEARD</b>
CITY-ST-ZIP	<b>PENSACOLA BCH FL</b>	1.4 CITY-ST-ZIP	<b>EUREKA, MD 63025</b>
TITLE	<b>VPD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GEORGE, FRED</b>	2.2 NAME	
STREET ADDRESS	<b>1025 PALASADES DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA BCH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>SEC/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALLEN, SUE</b>	3.2 NAME	<b>RITA BARCO</b>
STREET ADDRESS	<b>6804 DEVONSHIRE CTR</b>	3.3 STREET ADDRESS	<b>3000 BLACKSHEAR AV</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>	3.4 CITY-ST-ZIP	<b>PENSACOLA FL 32503</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAGNONI, RANDLE</b>	4.2 NAME	
STREET ADDRESS	<b>4326 MONTAGE DR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	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 does not qualify for the exemption stated in Section 119.07(3)(i), 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.

**DEBORAH CONNOR**

CR2E037 (9/96)