

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14580

Entity Name: LA BAHIA CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**1300 FT PICKENS RD
PENSACOLA BCH, FL 32561**Current Mailing Address:**908 GARDENGATE CIRCLE
PENSACOLA, FL 32504 US**FEI Number:** 59-2854778**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KELLEY, CHERYL
908 GARDENGATE CIRCLE
PENSACOLA, FL 32504 US*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.***SIGNATURE:** KELLEY, CHERYL

04/26/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name CONNON, DEB
Address 1300 FT. PICKENS RD. #118
City-State-Zip: PENSACOLA BEACH FL 32561

Title DIRECTOR
Name LUOMA, DICK
Address 1300 FT. PICKENS RD. #114
City-State-Zip: PENSACOLA BEACH FL 32561

Title VP
Name SKARDA, MARY
Address 102 EAST RUELLE DRIVE
City-State-Zip: MANDEVILLE LA 70471

Title SECRETARY, TREASURER
Name HAMMOND, MICHAEL
Address 409 SHENANDOAH DRIVE
City-State-Zip: GULF BREEZE FL 32561

Title DIRECTOR
Name ARGO, ELIZABETH
Address 1015 WESTHAVEN BOULEVARD
City-State-Zip: FRANKLIN TN 37064

Title DIRECTOR
Name HARTMANN, MARY
Address 12467 MATTHEW LANE
City-State-Zip: ST. LOUIS MO 63127

Title DIRECTOR
Name DISMUKES, CHRIS
Address 336 CROOKED CREEK LANE
City-State-Zip: HENDERSONVILLE TN 37075

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HAMMOND, MICHAEL**SECRETARY**

04/26/2024

Electronic Signature of Signing Officer/Director Detail

Date