FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # N14580**

1. Corporation Name

LA BAHIA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 1300 FT PICKENS RD PENSACOLA BCH FL 32561 Mailing Address

1591 VIA DELUNA DR PENSACOLA BCH FL 32561

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90094 032 ****61.25



2. Principal Pi	ace of Business	2a. Mailing	Address				Date Incorporated or Qualife 04/25/1986	d			
Suite, Apt.	# etc.		Apt. #, etc.				4. FEI Number			App	lied For
22	w, 010.	27				_	59-2854778	٠,	`	Not	Applicable
City & State	9	City & 5	State				5. Certifcate of Status Desired				dditional
Zip	Country	Zip		Country	,		6. Election Campaign Financin		\$	5.00	May Be
24	25 29 3						Trust Fund Contribution		Added to Fees		
	9. Name and Address of Current			1.			10. Name and Address of New	Registe	red Agen	t	
				81	Nam	e					
REALTY MARTS INTERNATIONAL INC.					Stre	Street Address (P.O. Box Number is Not Acceptable)					
					Stre	et Address (P.O. Box Number is Not Acceptable)					
1591 VIA DELUNA DR PENSACOLA BCH FL 32561					33						
PENSAUC	JLA BUTI FL 32361									T a	
				84	City				FL 85	Zip C	ode
44 Durant	to the provisions of Sections 617.0502	and 617 1509	Florida Statutos	the abov	e-nami	ad com	oration submits this statement for the	e nurbos	e of chan	aina its	registered
office or n	egistered agent, or both, in the State o	of Florida. Such	change was aut	thorized by	the co	rporatio	on's board of directors. I hereby acc	ept the a	ppointmer	it as reg	istered
agent. I a	m familiar with, and accept the obligati	ions of, Section	617.0503, Florid	da Statute:	3.						•
SIGNATURE			=	3ista	-A		d when relegation)	DAT	F		
12.	Signature, typed or printed name of registered agent OFFICERS ANI		. (NOTE: F	13.	nt signatu	e reduire	d when reinstating) ADDITIONS/CHANGES TO C	•		RECTO	RS IN 12
	PD OFFICERS AND	DIRECTORS	☐ DELETE	1.1 TITLE		т-	ADDITIONO/DITINOCO VO C			hange	Addition
TITLE	CONNON, DEBORAH M.D.		_ DELEVE	1.2 NAME					_	•	_
NAME .						_					
STREET ADDRESS	155-D BEARD			1.3 STREE		SS					
CITY-ST-ZIP	EUREKA MO		DELETE	1.4 CITY-5	T-ZIP				П	Change	Addition
TITLE	SD		☐ DELETE	2.1 TITLE					υ,	mango	
NAME	BAROCO, RITA			2.2 NAME							
STREET ADDRESS	3000 BLACKSHEAR LANE			2.3 STREE		·					
CITY-ST-ZIP	PENSACOLA FL	· · ·	-	2:4 CITY-	ST-ZIP		D			hange	K Addition
TITLE	TD		DELETE	3.1 TITLE		V	ALPH TURNER		Ц,	nialige.	41) AUUIUUI
NAME	GAGNONI, RANDLE			3.2 NAME		1 7		חם	#120	,	
STREET ADDRESS	4326 MONTAGE DR			3.3 STREE	TADDRE		300 FT. PICKENS				
CITY-ST-ZIP	PENSACOLA. FL			3.4. CITY-	ST-ZIP		ENSACOLA BEACH,	FL.	3256		KI Addres
TITLE			☐ DELETE	4.1 TITLE		T		т		Change	Addition
NAME	,			4. 2 NAME			HRIS QUACKENBUSI		#225		
STREET ADDRESS				4.3 STREE	TADDRE		300 FT. PICKENS		#225)	
CITY-ST-ZIP			<u> </u>	4,4 CITY-	ST-ZIP	P.	ENSACOLA, FL. 3:	<u> 2561</u>	····		
TITLE			☐ DELETE	5.1 TITLE					□(Change	Additio
NAME				5.2 NAME							
STREET ADDRESS				5.3 STREE	TADDRE	SS					
CITY-ST-ZIP				5.4 CITY-	ST-ZIP						
TITLE			☐ DELETE	6.1 TITLE			· · · ·			Change	Addition
NAME				6.2 NAME							
STREET ADDRESS				6.3 STREE	TADORE	SS					
CITY-ST-7IP				6.4 CITY-	ST-ZIP		•				

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 annual report or supplemental annual reports 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 of the receiver of true 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 in on an address with all other like empowered.

SIGNATURE:

SIGNING OFFICER OF DIRECTOR