

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90174 032 \*\*\*\*61.25

**DOCUMENT # N14580**  
 1. Entity Name  
**LA BAHIA CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business: **1300 FT PICKENS RD PENSACOLA BCH FL 32561 US**  
 Mailing Address: **1591 VIA DELUNA DR PENSACOLA BCH FL 32561 US**

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: **3298 Summit Blvd Suite 4 Pensacola FL 32503 Escambia**



DO NOT WRITE IN THIS SPACE

4. FEI Number: **59-2854778**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**REALTY MARTS INTERNATIONAL INC. 1591 VIA DELUNA DR PENSACOLA BCH FL 32561**

7. Name and Address of New Registered Agent  
 Name: **RAY O. Etheridge**  
 Street Address: **3298 Summit Blvd Suite 4**  
 City: **PENSACOLA FL** Zip Code: **32503**

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.  
 SIGNATURE: *Ray O. Etheridge* **RAY O. ETHERIDGE** DATE: **5/16/02**

FILE NOW: FEE IS \$61.25  
 9. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
 Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SIRDINIA, LAURA	
STREET ADDRESS	1300 FT PICKENS RD #123	
CITY-ST-ZIP	PENSACOLA BEACH FL 32561	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BAROCO, RITA	
STREET ADDRESS	6560 CHARDONNAY	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GEORGE, FRED	
STREET ADDRESS	1025 PALISADES DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CONNOR, RICK	
STREET ADDRESS	1300 FT PICKENS RD., #118	
CITY-ST-ZIP	PENSACOLA BEACH FL 32561	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Trice Dukes	
STREET ADDRESS	6560 Chardonnay St	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eileen Blossom	
STREET ADDRESS	2400 E. Curry St. Apt. 311	
CITY-ST-ZIP	Richmond, VA. 23223	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stan Owens	
STREET ADDRESS	3505 King George St	
CITY-ST-ZIP	Ocean Springs MS 39264	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ed Dreiman	
STREET ADDRESS	17440 Lakeview Cr.	
CITY-ST-ZIP	Northville, MS 38867	

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 617, 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: *Trice Dukes* **TRICE DUKES** DATE: **4/10/02** 856-434-3385

CR2E037 (9/01)