

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90188 043 ****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
**3298 SUMMIT BLVD
STE 4
PENSACOLA FL 32503
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2854778**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ETHERIDGE, RAY O
3298 SUMMIT BLVD
STE 4
PENSACOLA FL 32503**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEES \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	SIRDINIA, LAURA	
STREET ADDRESS	1300 FT PICKENS RD #123	
CITY-ST-ZIP	PENSACOLA BEACH FL 32561	
TITLE	DP	<input type="checkbox"/> Delete
NAME	DUKAS, TRICE	
STREET ADDRESS	6560 CHARDONNAY	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BLOSSOM, EILEAN	
STREET ADDRESS	2400 E CARY ST APT 811	
CITY-ST-ZIP	RICHMOND VA 23223	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	CONNON, RICK	
STREET ADDRESS	1300 FT PICKENS RD., #118	
CITY-ST-ZIP	PENSACOLA BEACH FL 32561	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUANS, STAN	
STREET ADDRESS	3308 KING GEORGE ST	
CITY-ST-ZIP	OCEAN SPRINGS MS 39864	
TITLE	D	<input type="checkbox"/> Delete
NAME	DREIMAN, ED	
STREET ADDRESS	17440 LAKEVIEW CR	
CITY-ST-ZIP	NORTHVILLE MI 48167	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, Stan	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 DUKAS* **4/14/03 850-434-3585**

CR2E037 (10/02)