

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753829

FILED  
Jan 28, 2010  
Secretary of State

**Entity Name:** BAY COVE MANOR CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2505 BAY BLVD., 3  
INDIAN ROCKS BCH, FL 33785 US

**New Principal Place of Business:**

**Current Mailing Address:**

2505 BAY BLVD., APT 4  
INDIAN ROCKS BCH, FL 33785

**New Mailing Address:**

FEI Number: 59-2348793

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOSTON, DAVID  
2505 BAY BLVD APT 4  
INDIAN ROCKS BCH, FL 33785 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: SD  
Name: ESMILE, OMAR  
Address: 2505 BAY BLVD, #2  
City-St-Zip: INDIAN ROCKS BEACH, FL

Title: TD  
Name: BOSTON, DAVID  
Address: 2505 BAY BLVD. APT 4  
City-St-Zip: INDIAN ROCKS BCH, FL

Title: VPD  
Name: DELACRUZ, RICHARD  
Address: 2505 BAY BLVD APT 5  
City-St-Zip: INDIAN ROCKS BCH, FL

Title: PD  
Name: BRIDGES, JERRY  
Address: 2505 BAY BLVD APT 3  
City-St-Zip: INDIAN ROCKS BCH, FL

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: DAVID BOSTON

TD

01/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date