

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 18, 2010
Secretary of State

Entity Name: PALM ISLAND BAY VILLA'S CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

7092 PLACIDA RD
CAPE HAZE, FL 33946

New Principal Place of Business:

7092 PLACIDA RD
CAPE HAZE, FL 33946 US

Current Mailing Address:

7092 PLACIDA RD
CAPE HAZE, FL 33946

New Mailing Address:

7092 PLACIDA RD
CAPE HAZE, FL 33946 US

FEI Number: 03-0384629

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REMOUR, CRAIG A MR
7092 PLACIDA RD.
CAPE HAZE, FL 33946 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: P
Name: DAVIES, JIM
Address: 64 CHESTNUT ST.
City-St-Zip: MURRAY HILL, NJ 06974 US

Title: T
Name: MASTERS, DAVID
Address: 7092 PLACIDA RD.
City-St-Zip: PLACIDA, FL 33946 US

Title: D
Name: CASWELL, ORVILLE
Address: 87 GRANITE ST.
City-St-Zip: ROCKPORT, MA 01966 US

Title: D
Name: CURTES, DON
Address: N90 W20927 SCENIC DRIVE
City-St-Zip: MENOMONEE FALLS, WI 53501 US

Title: D
Name: DUNCAN, DAVID
Address: 520 CENTURY OAK COURT
City-St-Zip: LAKELAND, FL 33813 US

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: CRAIG A. REMOUR

MGR

03/18/2010

Electronic Signature of Signing Officer or Director

Date