


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90179 032 \*\*\*\*61.25

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<b>DOCUMENT # N05000006484</b>			
1. Entity Name BLIND PASS VILLAS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 9030 BLIND PASS RD. ST. PETE BEACH, FL 33706		Mailing Address 9030 BLIND PASS RD. ST. PETE BEACH, FL 33706	
2. Principal Place of Business		3. Mailing Address 9253 119 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State LARGO FL	
Zip	Country	Zip	Country
		33773	PINELLAS
4. FEI Number		Applied For	
20-3394034		<input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		Additional Fee Required	
<input type="checkbox"/>		\$8.75	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ARSENAULT, KENNETH G. JR. 10225 ULMERTON RD., STE. 2 LARGO, FL 33771		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 _____			
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KODA, RICHARD J.	NAME	
STREET ADDRESS	9984 LAKE SEMINOLE DR. WEST	STREET ADDRESS	
CITY-ST-ZIP	LARGO, FL 33773	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KODA, KAREN B.	NAME	
STREET ADDRESS	9253 119TH AVE. NORTH	STREET ADDRESS	
CITY-ST-ZIP	LARGO, FL 33773	CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KODA, SHELLY LYN	NAME	
STREET ADDRESS	9984 LAKE SEMINOLE DR. WEST	STREET ADDRESS	
CITY-ST-ZIP	LARGO, FL 33773	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Karen B. Koda</u>		Date: <u>4/17/06</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	