

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2007  
Secretary of State**

DOCUMENT# N05000006484

Entity Name: BLIND PASS VILLAS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

9030 BLIND PASS RD.  
ST. PETE BEACH, FL 33706

**New Principal Place of Business:**

**Current Mailing Address:**

9253 114 AVE  
LARGO, FL 33773

**New Mailing Address:**

9253 119 AVE  
LARGO, FL 33773

FEI Number: 20-3394034

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ARSENAULT, KENNETH G. JR.  
10225 ULMERTON RD., STE. 2  
LARGO, FL 33771 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: DP ( ) Delete  
Name: KODA, RICHARD J.  
Address: 9984 LAKE SEMINOLE DR. WEST  
City-St-Zip: LARGO, FL 33773

Title: DV ( ) Delete  
Name: KODA, KAREN B.  
Address: 9253 119TH AVE. NORTH  
City-St-Zip: LARGO, FL 33773

Title: DST ( ) Delete  
Name: KODA, SHELLY LYN  
Address: 9984 LAKE SEMINOLE DR. WEST  
City-St-Zip: LARGO, FL 33773

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KAREN B. KODA

VP

04/30/2007

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

\_\_\_\_\_  
Date