

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jun 15, 2009
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:

9030 BLIND PASS RD
ST. PETE BEACH, FL 33706

Current Mailing Address:

7925 CAUSEWAY BLVD N
ST. PETERSBURG, FL 33707

New Mailing Address:

FEI Number: 20-3394034 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LOCKHART, WENDY L
7925 CAUSEWAY BLVD N
ST. PETERSBURG, FL 33707 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: PAULEY, RICHARD
Address: 1344 GREAT OAK DR
City-St-Zip: CLEARWATER, FL 33764

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

Title: DV () Delete
Name: LOCKHART, WENDY
Address: 7925 CAUSEWAY BLVD N
City-St-Zip: ST. PETERSBURG, FL 33707

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

Title: DST (X) Delete
Name: SPRINGER, SANDY
Address: 9030 BLIND PASS ROAD #10
City-St-Zip: ST. PETE BEACH, FL 33707

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: WENDY LOCKHART

VP

06/15/2009

Electronic Signature of Signing Officer or Director

_____ Date