

**2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000006484

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**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:**

P. O. BOX 1624  
PALM HARBOR, FL 34682

**New Mailing Address:**

**FEI Number:** 20-3394034      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SPRIGGS, DOROTHY  
2821 A SHERBROOKE LN  
PALM HARBOR, FL 34684      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: MCCAUGHEY, TODD  
Address: 255 S TESSIER DR  
City-St-Zip: ST PETE BEACH, FL 33706

Title: DV  
Name: DUGGAN, JAMES  
Address: 1300 PLEASANT WAY  
City-St-Zip: ST. PETERSBURG, FL 33705

Title: S/T  
Name: BLACK, SHIRLEY  
Address: 9040 BLIND PASS RD #A9  
City-St-Zip: ST PETE BEACH, FL 33706

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: DOROTHY SPRIGGS, AGENT

AGNT

04/12/2011

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

\_\_\_\_\_ Date