2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000005288

FILED Apr 29, 2009 Secretary of State

Entity Name: TREMONT AT BAY PRAK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4904 EISENHOWER BLVD STE 150 TAMPA, FL 33634

Current Mailing Address: New Mailing Address:

4904 EISENHOWER BLVD 9887 FOURTH STREET NORTH #301 STE 150 STE 150

TAMPA, FL 33634 ST. PETERSBURG, FL 33702

FEI Number: FEI Number Applied For (X) 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:

STANLEY, BRYAN J RAMPART PROPERTIES, INC.
114 TURNER ST 9887 FOURTH STREET NORTH #301
CLEARWATER, FL 33756 US ST. PETERSBURG, FL 33702 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: BRIAN K. SMITH 04/29/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: GRAU, RAY Name: RYAN, JOHN

 Address:
 4904 EISENHOWER BLVD
 Address:
 9887 FOURTH STREET NORTH #301

 City-St-Zip:
 TAMPA, FL 33634
 City-St-Zip:
 ST. PETERSBURG, FL 33702

Title: SD () Delete Title: VPD (X) Change () Addition Name: RUMMAGE, STACY Name: LAWSON, MIKE

 Address:
 4904 EISENHOWER BLVD
 Address:
 9887 FOURTH STREET NORTH #301

 City-St-Zip:
 TAMPA, FL 33634
 City-St-Zip:
 ST. PETERSBURG, FL 33702

Title: TD () Delete Title: TD (X) Change () Addition Name: SOWERS, KEN Name: SINGLETON, GREG

Address: 4904 EISENHOWER BLVD Address: 9887 FOURTH STREET NORTH #301
City-St-Zip: TAMPA, FL 33634 City-St-Zip: ST. PETERSBURG, FL 33702

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: JOHN RYAN PD 04/29/2009