

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35255

FILED
Apr 11, 2009
Secretary of State

Entity Name: BAY PINE SHORES, HOME OWNERS ASSOCIATION INC.

Current Principal Place of Business:

252 PISCES DRIVE
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

35 CAROLYNN LANE
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

PO BOX 2358
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 59-3606076 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, TARRELL
252 PISCES DRIVE
SANTA ROSA BEACH, FL 32459 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: VPSD () Delete
Name: KELLEY, KIM
Address: 35 CAROLYNN LANE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: TD () Delete
Name: SMITH, TARRELL J
Address: 252 PISCES
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: PD () Delete
Name: HARMAN, ALICE
Address: 182 PISCES
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KELLEY, KIM
Address: 35 CAROLYNN LANE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VPD (X) Change () Addition
Name: BOWEN, JEFF J
Address: 223 PISCES DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: TD (X) Change () Addition
Name: SMITH, LINDA
Address: 311 PISCES
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: SD () Change (X) Addition
Name: CRUZ, CRUZ
Address: 191 PISCES DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: KIM KELLEY

PD

04/11/2009

Electronic Signature of Signing Officer or Director

_____ Date