

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 05, 2004  
Secretary of State**

DOCUMENT# N96000000040

Entity Name: BACOPA BAY OWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

5901 SUN BLVD  
SUITE 203  
SAINT PETERSBURG, FL 33715 US

**New Principal Place of Business:**

**Current Mailing Address:**

5901 SUN BLVD  
SUITE 203  
SAINT PETERSBURG, FL 33715 US

**New Mailing Address:**

FEI Number: 59-3351032      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

NEWTON, WILLIAM  
5901 SUN BLVD  
SUITE 203  
TIERRA VERDE, FL 33715

**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: PD ( ) Delete  
Name: DIAMOND, ROBERT  
Address: 5901 SUN BLVD SUITE 203  
City-St-Zip: ST. PETERSBURG, FL 33715

Title: VPD ( ) Delete  
Name: CLARK, KAREN  
Address: 5901 SUN BLVD SUITE 203  
City-St-Zip: SAINT PETERSBURG, FL 33715

Title: TD ( ) Delete  
Name: MALL, BOB  
Address: 5901 SUN BLVD #203  
City-St-Zip: SAINT PETERSBURG, FL 33715

Title: D ( ) Delete  
Name: BRONDO, EDWIN  
Address: 5901 SUN BLVD  
City-St-Zip: SAINT PETERSBURG, FL 33715

Title: D ( ) Delete  
Name: BAXTER, DEBORAH  
Address: 5901 SUN BLVD  
City-St-Zip: SAINT PETERSBURG, FL 33715

**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:

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 for the exemption stated in Section 119.07(3)(i), 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: ROBERT DIAMOND

MR

01/05/2004

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

\_\_\_\_\_  
Date