

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008
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 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: PD () Delete
Name: FRON, LEN
Address: 5901 SUN BLVD SUITE 203
City-St-Zip: ST. PETERSBURG, FL 33715

Title: VPD () Delete
Name: SEIDEN, MARSHALL
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: VPD () Delete
Name: CORBET, RUTH
Address: 5901 SUN BLVD
City-St-Zip: SAINT PETERSBURG, FL 33715

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

Title: D () Delete
Name: DEMILT, KAREN
Address: 5901 SUN BLVD
City-St-Zip: ST PETERSBURG, FL 33715

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: RUSSELL, JOICE
Address: 5901 SUN BLVD SUITE 203
City-St-Zip: SAINT PETERSBURG, FL 33715

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

Title: SD (X) Change () Addition
Name: CORBET, RUTH
Address: 5901 SUN BLVD
City-St-Zip: SAINT PETERSBURG, FL 33715

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 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: WCN

RA

01/08/2008

Electronic Signature of Signing Officer or Director

_____ Date