## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000006569

FILED Feb 01, 2008 Secretary of State

Entity Name: BAY ARBOR PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 4174 WOODLANDS PKWY. PALM HARBOR, FL 34685 **Current Mailing Address: New Mailing Address:** 4174 WOODLANDS PKWY. PALM HARBOR, FL 34685 FEI Number: 59-3556627 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FIRST CHOICE ASSN MGMT INC. 4171 WOODLANDS PARKWAY PALM HARBOR, FL 34685 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: VPD () Delete (X) Change ( ) Addition REILLY, JOSEPH REILLY, JOSEPH Name: Name: 278 TIMBERLANE CT Address: 4174 WOODLANDS PARKWAY Address: City-St-Zip: OLDSMAR, FL 34677 City-St-Zip: PALM HARBOR, FL 34685 Title: PD Title: (X) Change ( ) Addition ( ) Delete BEVIS, DOUGLAS Name: BEVIS, DOUGLAS Name: Address: 359 BAY ARBOR BLVD Address: 4174 WOODLANDS PARKWAY City-St-Zip: OLDSMAR, FL 34677 City-St-Zip: PALM HARBOR, FL 34685 Title: () Delete Title: (X) Change ( ) Addition CARRUTHERS, JAMES CARRUTHERS, JAMES Name: Name: Address: 338 VENTURA DRIVE Address: 4174 WOODLANDS PARKWAY City-St-Zip: OLDSMAR, FL 34677 City-St-Zip: PALM HARBOR, FL 34685 Title: SD ( ) Delete Title: SD (X) Change ( ) Addition Name: JOHNSON, BRUCE H Name: JOHNSON, BRUCE 4174 WOODLANDS PARKWAY Address: 250 ARBOR WOOD CIRCLE Address: City-St-Zip: OLDSMAR, FL 34677 City-St-Zip: PALM HARBOR, FL 34685 Title: () Delete Title: ( ) Change (X) Addition GORECKI, GREGORY Name: Name: 4174 WOODLANDS PARKWAY Address: Address: City-St-Zip: City-St-Zip: PALM HARBOR, FL 34685

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: JAMES NOLAN AGEN 02/01/2008