


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90092 010 \*\*\*\*70.00

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>DOCUMENT # N18555</b><br>1. Entity Name<br><b>BAY INDIES HOME OWNERS ASSOCIATION, INC.</b>  |   |   |  |  |  |
| Principal Place of Business<br><b>978 QUESTA AVENUE EAST<br/>VENICE, FL 34285 US</b>   |   |   | Mailing Address<br><b>978 QUESTA AVENUE EAST<br/>VENICE, FL 34285 US</b>   |   |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |  |   |  |
| City & State   |   | City & State  |  |   |  |
| Zip  | Country   | Zip   | Country  | 03082007 Chg-NP CR2E037 (12/06)   |  |
| 4. FEI Number<br><b>59-2498330</b>   |   |   |  | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   |   |   |  | <b>\$8.75</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>DAMONTE, JONATHAN J -<br/>BECKER &amp; POLIAKOFF, P.A.<br/>2401 W BAY DR STE 414<br/>LARGO, FL 33770-1941</b>  |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>Becker + Poliakoff, P.A.</b><br><b>2401 West Bay Drive, Suite 414</b><br>City <b>Largo</b> FL Zip Code <b>33770-1941</b> |   |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.<br><div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">           SIGNATURE <i>Eeden Hirsch de Haan</i><br/> <b>EEDEN HIRSCH de HAAN, J.D., FOR THE FIRM</b> </div> <div style="width: 35%;">           DATE         </div> </div>   |   |   |  |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00</b> May Be Added to Fees  |  |
| <b>Make check payable to<br/>Florida Department of State</b>   |   |   |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P</b><br><b>PINZONE, ANTHONY V</b><br><b>978 QUESTA AVE E</b><br><b>VENICE, FL 34285</b>     | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <b>Secretary</b><br><b>Joan SASS</b><br><b>921 Questa Avenue West</b><br><b>Venice, Florida 34285</b>              |
|  |   |   |  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>LANDAU, MERLE</b><br><b>916 ZACAPA AVE</b><br><b>VENICE, FL 34285</b>            | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <b>Treasurer</b><br><b>Joseph Floyd</b><br><b>911 Posadas Avenue West</b><br><b>Venice, Florida 34285</b>          |
|  |   |   |  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>S</b><br><b>GROTH, PATRICIA</b><br><b>929 KENOMA AVENUE WEST</b><br><b>VENICE, FL 34285</b>  | <input checked="" type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <b>1st Vice President</b><br><b>William Butts</b><br><b>930 Inagua Avenue West</b><br><b>Venice, Florida 34285</b> |
|  |   |   |  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>Treasurer</b><br><b>FLOYD, JOSEPH</b><br><b>911 POSADAS AVE W</b><br><b>VENICE, FL 34285</b> | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <b>Director</b><br><b>Richard Welch</b><br><b>957 Cayman Avenue East</b><br><b>Venice, Florida 34285</b>           |
|  |   |   |  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>T</b><br><b>SHIFFMAN, LEA</b><br><b>420 ZACAPA AVE</b><br><b>VENICE, FL 34285</b>            | <input checked="" type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <b>Director</b><br><b>Jim Larsen</b><br><b>971 Uplands Avenue East</b><br><b>Venice, Florida 34285</b>             |
|  |   |   |  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>2VP</b><br><b>CURRAN, HENRY</b><br><b>1249 N INDIES CIR</b><br><b>VENICE, FL 34285</b>       | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <b>Director</b><br><b>Michael Rafferty</b><br><b>989 Cayman Avenue, East</b><br><b>Venice, Florida 34285</b>       |
|  |   |   |  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |   |   |  |   |  |
| SIGNATURE: <i>Anthony V. Pinzone, President</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR<br><b>Anthony V. Pinzone</b>   |   |   | 03/08/07 941-486-0003<br>Date Daytime Phone #  |   |  |