

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000010582

**Entity Name:** BAY PINES CONDOMINIUM UNIT THREE ASSOCIATION, INC.**Current Principal Place of Business:**9940 47TH AVENUE. N  
ST. PETERSBURG, FL 33708**Current Mailing Address:**9940 47 AVENUE NORTH  
SUITE 100  
SAINT PETERSBURG, FL 33708**FEI Number:** 34-1976268**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ANNE, HATHORN  
ANNE HATHORN LEGAL SERVICES, LLC  
150 SECOND AVE. NORTH SUITE 1270  
SAINT PETERSBURG, FL 33701 US*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**Officer/Director Detail :**

Title	S
Name	FOGARTY, THOMAS
Address	9940 47TH AVE NORTH SUITE 100
City-State-Zip:	ST. PETERSBURG FL 33708

Title	P
Name	PIERSON, SALLY
Address	9940 47 AVE NORTH CONDO #107
City-State-Zip:	ST. PETERSBURG FL 33708

Title	TREASURER
Name	DONES, DARLENE
Address	9940 47 AVENUE NORTH CONDO #104
City-State-Zip:	ST. PETERSBURG FL 33708

Title	VP
Name	WALTERS, HELENE
Address	15 COBBLER COURT
City-State-Zip:	PIKESVILLE MD 21208

Title	DIRECTOR
Name	TREMAIN, JOYCE
Address	9940 47 AVENUE NORTH CONDO #117
City-State-Zip:	ST. PETERSBURG FL 33708

*I hereby 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 all other like empowered.*

**SIGNATURE:** THOMAS FOGARTY**SECRETARY****03/19/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date