

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51273

Entity Name: BAY PINES CENTRAL COMMITTEE, INC.

Current Principal Place of Business:

9801 BAY PINES BLVD
SAINT PETERSBURG, FL 33708

Current Mailing Address:

THE PROFESSIONAL CENTER
7800 66TH STREET N. SUITE #205
PINELLAS PARK, FL 33781 US

FEI Number: 59-3152505

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CONDOMINIUM MGMT GROUP
THE PROFESSIONAL CENTER
7800 66TH STREET N. SUITE #205
PINELLAS PARK, FL 33781 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: RONALD WELTON

04/22/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name COUTURIER, JEFF
Address THE PROFESSIONAL CENTER
7800 66TH STREET N. SUITE #205
City-State-Zip: PINELLAS PARK FL 33781

Title SECRETARY
Name TREMAIN, JOYCE
Address THE PROFESSIONAL CENTER
7800 66TH STREET N. SUITE #205
City-State-Zip: PINELLAS PARK FL 33781

Title D
Name DUNN, TIM
Address THE PROFESSIONAL CENTER
7800 66TH STREET N. SUITE #205
City-State-Zip: PINELLAS PARK FL 33781

Title VP
Name ORMAN, BILL
Address THE PROFESSIONAL CENTER
7800 66TH STREET N. SUITE #205
City-State-Zip: PINELLAS PARK FL 33781

Title TREASURER
Name TOPLAK, FRANK
Address THE PROFESSIONAL CENTER
7800 66TH STREET N. SUITE #205
City-State-Zip: PINELLAS PARK FL 33781

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: JEFF COUTURIER

P

04/22/2014

Electronic Signature of Signing Officer/Director Detail

Date