

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705784

FILED
Apr 30, 2009
Secretary of State

Entity Name: BAY AREA APARTMENT ASSOCIATION, INC.

Current Principal Place of Business:

6107 B MEMORIAL HWY.
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

6107 B MEMORIAL HWY
TAMPA, FL 33615

New Mailing Address:

FEI Number: 23-7099614

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCMILLAN, JOHN
9385 N. 56TH STREET, SUITE 200
TEMPLE TERRACE, FL 33617 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: PPD () Delete
Name: ALLEN, TERI
Address: 21817 DUPREE DR
City-St-Zip: LAND O' LAKES, FL 34639

Title: ED () Delete
Name: GANG, NENA
Address: 6107 B MEMORIAL HWY
City-St-Zip: TAMPA, FL 33615

Title: PPD () Delete
Name: WATKINS, DAVID
Address: 4311 W WATERS AVE, 402
City-St-Zip: TAMPA, FL 33614

Title: PPD () Delete
Name: ROSENWASSER, MARC
Address: 200 S. HOOVER BLVD #110
City-St-Zip: TAMPA, FL 33609

Title: PPD () Delete
Name: GRABER, ROD
Address: 1722 LAKEWOOD SHORES LN. #200
City-St-Zip: BRANDON, FL 33510

Title: PPD () Delete
Name: FREDLUND, CINDY
Address: 11302 W. HILLSBOROUGH AVE.
City-St-Zip: TAMPA, FL 33635

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: NENA GANG

ED

04/30/2009

Electronic Signature of Signing Officer or Director

Date