

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 705784

**FILED**  
**Apr 30, 2011**  
**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  
5309 E. BUSCH BLVD  
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: PD  
Name: TRUESDALE, SUSAN  
Address: 4030 W. BOY SCOUT BLVD #800  
City-St-Zip: TAMPA, FL 33607

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

Title: D  
Name: INGRASSIA, FRANK  
Address: 10600 4TH STREET NORTH  
City-St-Zip: ST. PETERSBURG, FL 33716

Title: PPD  
Name: ROSENWASSER, MARC  
Address: 115 S. LOIS AVENUE #126  
City-St-Zip: TAMPA, FL 33609

Title: PPD  
Name: GRIFFITHS, ROBERT  
Address: POST OFFICE BOX 26162  
City-St-Zip: TAMPA, FL 33623

Title: PPD  
Name: FREDLUND, CINDY  
Address: 5100 W. LEMON ST #209.  
City-St-Zip: TAMPA, FL 33609

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: NENA GANG

ED

04/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date