

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706641

FILED
Feb 20, 2008
Secretary of State

Entity Name: BAILEY'S BLUFF CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

2110 GULFVIEW DR (HOLIDAY 34691)
BOX PO 103
TARPON SPRINGS, FL 34688

New Principal Place of Business:

Current Mailing Address:

2110 GULFVIEW DR (HOLIDAY 34691)
BOX PO 103
TARPON SPRINGS, FL 34688

New Mailing Address:

FEI Number: 59-1776288

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CACCIURRI, S
3003 PINEVIEW DR
HOLIDAY, FL 34691 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 () Delete
Name: CRANE, CLARA
Address: 3120 BLUFF DRIVE
City-St-Zip: HOLIDAY, FL 34691

Title: SD () Delete
Name: DOWD, KIM
Address: 3225 BLUFF BLVD
City-St-Zip: HOLIDAY, FL 34691

Title: D () Delete
Name: THEA, JOHNSON
Address: 3232 BLUFF DR
City-St-Zip: HOLIDAY, FL 34691

Title: TD () Delete
Name: SHARON, CACCIURRI
Address: 3003 PINEVIEW DR
City-St-Zip: HOLIDAY, FL 34691

Title: D () Delete
Name: VINSON, RUTH
Address: 2010 GULFVIEW DR
City-St-Zip: HOLIDAY, FL 34691

Title: VPD () Delete
Name: KELLER, GARRY
Address: 2107 GULFVIEW DR
City-St-Zip: HOLIDAY, FL 34691

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: SHARON CACCIURRI

TD

02/20/2008

Electronic Signature of Signing Officer or Director

Date