

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708060

FILED
Jan 28, 2009
Secretary of State

Entity Name: BAYWAY ISLES HOMEOWNERS CLUB INC

Current Principal Place of Business:

5650 LEELAND (50TH) STREET SOUTH
ST. PETERSBURG, FL 33715

New Principal Place of Business:

Current Mailing Address:

5650 LEELAND (50TH) STREET SOUTH
ST. PETERSBURG, FL 33715

New Mailing Address:

FEI Number: 59-1606177 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITTEMORE, KENT G
1 BEACH DR. S.E.
ST. PETERSBURG, FL 33701 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: VPD () Delete
Name: GALINSKI, MICHAEL
Address: 6123 54TH ST SO
City-St-Zip: SAINT PETERSBURG, FL 33715

Title: SD () Delete
Name: BACON, TINA P
Address: 5973 LEELAND ST SO
City-St-Zip: SAINT PETERSBURG, FL 33715

Title: TD () Delete
Name: POWELL, MELANIE
Address: 5224 62ST AVE. S
City-St-Zip: SAINT PETERSBURG, FL 33715

Title: D () Delete
Name: WHITTEMORE, KATHY
Address: 5100 62ND AVE SO
City-St-Zip: ST. PETE, FL 33715

Title: PD () Delete
Name: HEDRICK, CHARLES L
Address: 6030 51ST ST S.
City-St-Zip: ST PETERSBURG, FL 33715

Title: D () Delete
Name: WHITTEMORE, KENT G
Address: 5100 62ND AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33715

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
Name:
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: MELANIE POWELL

TD

01/28/2009

Electronic Signature of Signing Officer or Director

_____ Date