2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

Secretary of State DOCUMENT # 710555 02-25-2005 90155 047 ****61.25 1. Entity Name BAY PINES ESTATES CIVIC ASSOCIATION, INC. Principal Place of Business Mailing Address P.O. BOX 4004 P.O. BOX 4004 50019217 BAY PINES, FL 33744 BAY PINES, FL 33744 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02182005 CR2E037 (10/03) City & State City & State 4. FEI Number 59-2773650 Applied For Not Applicable Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MORGAN, DAN 9762 54 AVENUE NORTH Street Address (P.O. Box Number is Not Acceptable) SAINT PETERSBURG, FL 33708 49 AU NO 8. 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. Lam familiar with, and accept the obligations of registered agent. Linda Sandleben 2-22-05 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Due by May 1, 2005 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE Delete TITLE Addition Linda Sandleben 1895 49 NUND SANDLEBEN, LINDA NAME NAME STREET ADORESS 9875 49 AV NO STREET ADDRESS CITY-ST-ZP ST PETERSBURG, FL 33708 CITY-ST-7/P STPETERSTORS TITLE Delete TITLE ☐ Change ☐ Addition NAME **BLAIR, NANCY** NAME STREET ADDRESS 5175 97 WAY N. STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG, FL 33708 CITY-ST-7/P VD Delete TITLE ☐ Change Addition WINTERS, JO R NAME NAME STREET ADORESS 9799 53 AV NO STREET ADDRESS SAINT PETERSBURG, FL 33708 CITY-ST-ZIP CITY-ST-ZIP TITLE Ð TITLE ☐ Delete ☐ Change ■ Addition BUTLER, MARY NAME NAME 6252-99TH WAY N. STREET ADDRESS STREET ADDRESS CITY-ST-7IP ST PETERSBURG, FL

FILED

Feb 25, 2005 8:00 am

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

CITY-ST-7/2

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MORGAN, DANIEL

9762 54 AVENUE N

SAINT PETERSBURG, FL 33708

NAME

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CITY-ST-ZIP

michael Seel 4972 998T NORTH

ercesburg, FL 33708

Change

Addition

Addition

SIGNATURE:	Linda Sandleben	2-22-05	727-804-75/9
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Dene	Daytime Phone #