2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Mar 28, 2008 8:00 am **DOCUMENT #710555 Secretary of State** 1. Entity Name BAY PINES ESTATES CIVIC ASSOCIATION, INC. 03-28-2008 90033 025 ****61.25 Principal Place of Business Mailing Address P.O. BOX 4004 P.O. BOX 4004 BAY PINES, FL 33744 BAY PINES, FL 33744 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03182008 Chg-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Number 59-2773650 Not Applicable Country Zip 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 HANCY BLAIR SANDLEBEN, LINDA Street Address (P.O. Box Number is Not Acceptable) 9875 49 AVE N. ~ 97 42 WAY, SAINT PETERSBURG, FL 33708 City St. Petersburg 33708 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. I am familiar with, and accept the obligations of registered agent. NANCY DATE Make check payable to Filing Fee Is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. П Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. **X** Delete PBIALRI NAMEY TITLE TITLE M Change SANDLÉBEN, LINDA NAME NAME 5175 "974 WAY, W. 9875 49 AV NO STREET ADDRESS STREET ADDRESS ST PETERSBURG, FL 33708 CTY-ST-7IP CITY-ST-7P 34 Petero Durg, FL 33708 Delete TUTE HILE Addition Sandleben, Lindan, 9875-4944 Avern. NAME BLAIR, NANCY NAME 5175 97 WAY N. STREET ADDRESS STREET ADDRESS eteroborg, FL 33708 CITY-ST-ZIP SAINT PETERSBURG, FL 33708 CITY-ST-ZIP TITLE Delete TITLE Addition WINTERS, JO R NAME NAME 9799 53 AV NO STREET ADDRESS STREET ADDRESS SAINT PETERSBURG, FL 33708 CITY-ST-ZIP CHY-ST-ZP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME BUTLER, MARY NAME 6252-99TH WAY N. STREFT ADDRESS STREET ADDRESS ST PETERSBURG, FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition KADIE, FLYE NAME NAM! STREET ADDRESS 9857 49 AVE NORTH STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG, FL 33708 CITY-ST-ZIP TITLE TITLE Change Addition ☐ Delete NAME SEEL, MICHAEL NAME STREET ADDRESS 4972 99 ST NORTH STREET ADDRESS SAINT PETERSBURG, FL 33708 CTTY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and triat 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. tuerdine 813-887-7452 SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNONG OFFICER OR DIRECTOR

mared 3/26/08

FILED