2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# 710555

Entity Name: BAY PINES ESTATES CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 4004
BAY PINES, FL 33744

New Principal Place of Business:

5175 - 97TH WAY, N.
ST. PETERSBURG, FL 33708

Current Mailing Address:

P.O. BOX 4004
BAY PINES, FL 33744

New Mailing Address:

FEI Number: 59-2773650 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLAIR, NANCY
5175 97TH WAY, N.
SAINT PETERSBURG, FL 33708 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:	P	( ) Delete
Name:	BLAIR, NANCY	
Address:	5175 97TH WAY.N.	
City-St-Zip:	SAINT PETERSBURG, FL 33708	
Title:	V	( ) Delete
Name:	SANDLEDEN, LINDA	
Address:	9875-49TH AVE. N.	
City-St-Zip:	SAINT PETERSBURG, FL 33708	
Title:	T	( ) Delete
Name:	WINTERS, JO R	
Address:	9799 53 AV NO	
City-St-Zip:	SAINT PETERSBURG, FL 33708	
Title:	D	( ) Delete
Name:	BUTLER, MARY	
Address:	6252- 99TH WAY N.	
City-St-Zip:	ST PETERSBURG, FL	
Title:	V	( ) Delete
Name:	KADIE, FLYE	
Address:	9857 49 AVE NORTH	
City-St-Zip:	SAINT PETERSBURG, FL 33708	
Title:	V	( ) Delete
Name:	SEEL, MICHAEL	
Address:	4972 99 ST NORTH	
City-St-Zip:	SAINT PETERSBURG, FL 33708	

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: NANCY BLAIR P 01/22/2009

Electronic Signature of Signing Officer or Director — Date