2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713777

FILED Apr 30, 2009 Secretary of State

		<i>[[]]</i>		Secretary of State	
Entity Na	me: SAVE OU	R BAYS ASSOCIATION, INC.			
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
	RANGE AVE A, FL 34236	US	2218 CIRCLEWOOD DR SARASOTA, FL 34231	US	
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
	RANGE AVE A, FL 34236	US	2218 CIRCLEWOOD DR SARASOTA, FL 34231	US	
FEI Number	: 59-1263112	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of N	Name and Address of New Registered Agent:	
FINLEY, F. GAINES 300 SO. ORANGE AVE SARASOTA, FL 34236 US			FINLEY, F. GAINES 2218 CIRCLEWOOD DR SARASOTA, FL 34231	2218 CIRCLEWOOD DR	
	named entity see of Florida.	submits this statement for the p	ourpose of changing its registered o	ffice or registered agent, or both,	
SIGNATURE:				04/30/2009	
	Electron	ic Signature of Registered Age	ent	Date	
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (X) MCELMURRAY, 1661 SUNRISE SARASOTA, FL	LANE	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	D () MULLEN, DORO 2585 CLEMATIS SARASOTA, FL	S ST	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title:					
Name: Name: Address: City-St-Zip:	PTD () FINLEY, F. GAIN 300 SO. ORANG SARASOTA, FL	Delete NES GE AVE	Title: () Name: Address: City-St-Zip:	Change () Addition	

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: F. GAINES FINLEY PRES 04/30/2009