2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#717022

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

VΡ

GRACE, EARL

CRAVEN, CARL

() Delete

6100 12TH STREET SOUTH # 104

SAINT PETERSBURG, FL 33705

() Delete

6100 12TH STREET S, #309

ST. PETERSBURG,, FL 33705

FILED Mar 24, 2008 Secretary of State

Entity Name: BAY POINT PLAZA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 6100 - 12TH STREET SOUTH, APT. #107 ST. PETERSBURG, FL 33705 **Current Mailing Address: New Mailing Address:** 5901 SUN BLVD. 7300 PARK ST SEMINOLE, FL 33777 200 ST. PETERSBURG, FL 33715 FEI Number: 59-1834606 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RESOURCE PROPERTY MGNT. RESOURCE PROPERTY MGNT. 7300 PARK ST 5901 SUN BLVD SEMINOLE, FL 33777 ST. PETERSBURG, FL 33715 US US 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: LINDA E. KISER 03/24/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition NOTARO, ROSE Name: Name: 6100 12TH STREET S #121 Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33705 City-St-Zip: Title: () Delete Title: () Change () Addition MELISSA, BUHLER Name: Name: Address: 6100 12TH STREET S #314 Address: City-St-Zip: SAINT PETERSBURG, FL 33705 City-St-Zip: Title: PD () Delete Title: () Change () Addition HOLUBEC, JOSEPH Name: Name: 6100 12TH STREET S APT 124 Address: Address: City-St-Zip: ST PETERSBURG, FL 33705 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.

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: LINDA E. KISER MGR 03/24/2008

(X) Change () Addition

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