

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90181 005 ***61.25

40066172



DOCUMENT # 718862 1. Entity Name BAY'S BLUFF OWNERS ASSOCIATION, INC.					
Principal Place of Business 2477 STICKNEY POINT RD SUITE 118A SARASOTA, FL 34231			Mailing Address 2477 STICKNEY POINT RD SUITE 118A SARASOTA, FL 34231		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1608127 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARGUS PROPERTY MANAGEMENT, INC. 2477 STICKNEY POINT RD SUITE 118A SARASOTA, FL 34231			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEHMEYER, JOHN <input type="checkbox"/> Delete 1100 IMPERIAL DR. #308 SARASOTA, FL 34236		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD O'NEIL, PATRICK <input type="checkbox"/> Delete 1100 IMPERIAL DR #602 SARASOTA, FL 34236		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HENDERSON, DON <input checked="" type="checkbox"/> Delete 1100 IMPERIAL DR #403 SARASOTA, FL 34236		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Judy Hall <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1100 Imperial Dr. #402 SARASOTA, FL 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SWORMSTEDT, GERALDINE <input type="checkbox"/> Delete 1100 IMPERIAL DR # 204 SARASOTA, FL 34236		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KNEAFSEY, MARILYN <input type="checkbox"/> Delete 1100 IMPERIAL DR # 406 SARASOTA, FL 34236		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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.					
SIGNATURE: <u>Geraldine R. Swormstedt Pres.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4/21/06</u> <small>Date</small>		<u>941-366-9596</u> <small>Daytime Phone #</small>