2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# 719449

Entity Name: BAY TREE CLUB ASSOCIATION, INC.

Current Principal Place of Business:

8625 MIDNIGHT PASS ROAD
OFFICE
SARASOTA, FL 34242

New Principal Place of Business:

Current Mailing Address:

8625 MIDNIGHT PASS ROAD
OFFICE
SARASOTA, FL 34242

New Mailing Address:

FEI Number: 59-1306626 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MOORE, ROBERT
227 NOKOMIS AVE. S
VENICE, FL 34284178 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:	VP	( ) Delete
Name:	LIVINGSTON, BARRY	
Address:	8630 MIDNIGHT PASS RD	
City-St-Zip:	SARASOTA, FL 34242	
Title:	SEC	( ) Delete
Name:	YOUNG, RON	
Address:	8630 MIDNIGHT PASS RD	
City-St-Zip:	SARASOTA, FL 34242	
Title:	T	( ) Delete
Name:	HOOD, JOAN	
Address:	8630 MIDNIGHT PASS RD	
City-St-Zip:	SARASOTA, FL 34242	
Title:	P	( ) Delete
Name:	WAGNER, DON	
Address:	8630 MIDNIGHT PASS RD	
City-St-Zip:	SARASOTA, FL 34242	
Title:	D	( ) Delete
Name:	MARTHA, BOB	
Address:	8630 MIDNIGHT PASS RD, A-103	
City-St-Zip:	SARASOTA, FL 34242	
Title:	T	( ) Delete
Name:	EGRIN, LEON	
Address:	8630 MIDNIGHT PASS RD	
City-St-Zip:	SARASOTA, FL 34242	

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:	D	(X) Change ( ) Addition
Name:	EGRIN, LEON	
Address:	8630 MIDNIGHT PASS RD	
City-St-Zip:	SARASOTA, FL 34242	

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: MELINDA PATNOI MANA 01/15/2009

Electronic Signature of Signing Officer or Director — Date