

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723420

FILED  
Feb 19, 2009  
Secretary of State

Entity Name: BAY ISLAND CONDOMINIUM, INC.

## Current Principal Place of Business:

2189 CLEVELAND STREET  
STE 225  
CLEARWATER, FL 33765

## New Principal Place of Business:

## Current Mailing Address:

2189 CLEVELAND STREET  
STE 225  
CLEARWATER, FL 33765

## New Mailing Address:

FEI Number: 59-6215906

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEIGHTON, LENNARD A  
2189 CLEVELAND STREET  
STE 225  
CLEARWATER, FL 33765 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: PTD ( ) Delete  
Name: EDMUNDS, CAROLE  
Address: 311 ISLAND WAY #104  
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: VPD ( ) Delete  
Name: WEST, RICHARD  
Address: 311 ISLAND WAY 101  
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: D (X) Delete  
Name: FRY, DOUG  
Address: 311 ISLAND WY #202  
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: SD ( ) Delete  
Name: KOGA, MIKE  
Address: 311 ISLAND WAY 104  
City-St-Zip: CLEARWATER BEACH, FL 33767

## 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:

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: CAROLE EDMUNDS

PTD

02/19/2009

Electronic Signature of Signing Officer or Director

Date