

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728720

FILED  
Jan 04, 2006  
Secretary of State

**Entity Name:** BAY MARINER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

19701 GULF BLVD  
INDIAN SHORES, FL 33785 US

**New Principal Place of Business:**

**Current Mailing Address:**

19701 GULF BLVD  
INDIAN SHORES, FL 33785 US

**New Mailing Address:**

**FEI Number:** 59-1508471

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCEWEN, BOB  
19701 GULF BLVD  
PENTHOUSE 1  
INDIAN SHORES, FL 33785 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: D ( ) Delete  
Name: BENSON, ROY V.PRES.  
Address: 19701 GULF BLVD.  
City-St-Zip: INDIAN SHORES, FL 33785

Title: TD ( ) Delete  
Name: HANSON, VIOLET TREAS  
Address: 19701 GULF BLVD.  
City-St-Zip: INDIAN SHORES, FL 33785

Title: SD ( ) Delete  
Name: MC EWEN, BOB SECT.  
Address: 19701 GULF BLVD.  
City-St-Zip: INDIAN SHORES, FL 33785

Title: PTD ( ) Delete  
Name: SANDERBECK, JAMES PRES.  
Address: 19701 GULF BLVD  
City-St-Zip: INDIAN SHORES, FL 33785

Title: D ( ) Delete  
Name: EASTON, DONALD DIR.  
Address: 19701 GULF BLVD  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

**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: D (X) Change ( ) Addition  
Name: EASTON, DONALD DIR.  
Address: 19701 GULF BLVD  
City-St-Zip: INDIAN SHORES, FL 33785

I hereby certify that the information supplied with this filing does not qualify for the 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: BOB MCEWEN

SD

01/04/2006

Electronic Signature of Signing Officer or Director

Date