

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735083

FILED
Mar 28, 2012
Secretary of State

Entity Name: BLIND PASS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O ISLAND MANAGEMENT
711 TARPON BAY ROAD
SANIBEL, FL 33957

New Principal Place of Business:

Current Mailing Address:

C/O ISLAND MANAGEMENT
PO BOX 100
SANIBEL, FL 33957

New Mailing Address:

FEI Number: 59-1740802

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACKESY, STEVEN
C/O ISLAND MANAGEMENT
711 TARPON BAY ROAD
SANIBEL, FL 33957 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: PD
Name: SCOTT, JAMES
Address: 5117 SEA BELL RD C201
City-St-Zip: SANIBEL, FL 33957

Title: VD
Name: EGAN, RICHARD
Address: 8 SAGAMORE
City-St-Zip: W. YARMOUTH, MA 02673

Title: STD
Name: CALAMINICI, JOE
Address: 503 LAKE LOUISE CIR 102
City-St-Zip: NAPLES, FL 34110

Title: D
Name: JACOB, JOHN C
Address: 2440 BREEZEWOOD DRIVE
City-St-Zip: MARION, IN 46952

Title: D
Name: DISLER, MIKE
Address: 3734 CREEKSIDE DR
City-St-Zip: SEBRING, FL 33875

Title: D
Name: FREY, CARL
Address: 19 HARDING LANE
City-St-Zip: WESTPORT, CT 06880

I hereby 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 all other like empowered.

SIGNATURE: JAMES SCOTT

PD

03/28/2012

Electronic Signature of Signing Officer or Director

Date