

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735668

FILED
May 01, 2007
Secretary of State

Entity Name: BAY ISLES ASSOCIATION, INC.

Current Principal Place of Business:

BETH CALLANS MGMT CORP.
595 BAY ISLES RD SUITE #201
LONGBOAT KEY, FL 34228

New Principal Place of Business:

BETH CALLANS MGMT CORP.
595 BAY ISLES RD SUITE #200
LONGBOAT KEY, FL 34228

Current Mailing Address:

BETH CALLANS MGMT CORP.
595 BAY ISLES RD SUITE #201
LONGBOAT KEY, FL 34228

New Mailing Address:

BETH CALLANS MGMT CORP.
595 BAY ISLES RD SUITE #200
LONGBOAT KEY, FL 34228

FEI Number: 59-1695122 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BETH CALLANS MGMT CORP
595 BAY ISLES RD SUITE 201
LONGBOAT KEY, FL 34228 US

Name and Address of New Registered Agent:

BETH CALLANS MGMT CORP
595 BAY ISLES RD SUITE 200
LONGBOAT KEY, FL 34228 US

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:

05/01/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WEBER, RICHARD
Address: 2120 HARBOURSIDE DR, #618
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D () Delete
Name: BLOCH, JACK
Address: 3330 SABAL COVE LN
City-St-Zip: LONGBOAT KEY, FL 34228

Title: SD () Delete
Name: MEDVIN, HENRY
Address: 3455 WINDING OAKS DR
City-St-Zip: LONGBOAT KEY, FL 34228

Title: TD () Delete
Name: LANGTON, BRYAN
Address: 3632 FAIR OAKS PL
City-St-Zip: LONGBOAT KEY, FL 34228

Title: VD () Delete
Name: SPOLL, GEORGE
Address: 1900 HARBOURSIDE DR
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D () Delete
Name: LEVINE, WILLIAM
Address: 604 WESTON POINTE CT.
City-St-Zip: LONGBOAT KEY, FL 34228

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: () 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: RICHARD WEBER

P

05/01/2007

Electronic Signature of Signing Officer or Director

Date