2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#736572

FILED Mar 21, 2011 Secretary of State

Entity Name: TOWNHOUSES AT BONNIE BAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

1301 SEMINOLE BLVD

SUITE 110 5901 US HWY 19, SUITE 7Q

LARGO, FL 33770 US

C/O QUALIFIED PROPERTY MGMT INC 5901 US HWY 19, SUITE 7Q NEW PORT RICHEY, FL 34652 US

Current Mailing Address:

New Mailing Address:

5901 US 19 HWY

C/O QUALIFIED PROPERTY MGMT INC 5901 US HWY 19, SUITE 7Q

SUITE 7Q NEW PORT RICHEY, FL 34652 US

NEW PORT RICHEY, FL 34652 US

FEI Number: 59-1725652

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

QUALIFIED PROPERTY MGMT, INC. 5901 US 19 HWY SUITE 7Q NEW PORT RICHEY, FL 34652 US

71277 6177 1167127,712 61662 66

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

FEI Number Applied For ()

Date

OFFICERS AND DIRECTORS:

Title: PD

Name: RUSSELL, JUDY

Address: 6220 GRETNA GREEN COURT N City-St-Zip: PINELLAS PARK, FL 33781

Title: VF

Name: MCDERMOND, FRANCIS
Address: 6268 GRETNA GREEN CT N
City-St-Zip: PINELLAS PARK, FL 33781

Title: SD

 Name:
 PETERSEN, BETTE

 Address:
 6232 GRETNA GREEN CT N

 City-St-Zip:
 PINELLAS PARK, FL 33781

Title: TD

Name: KEARNEY, GLENDA

Address: 6254 GRETNA GREEN CT N City-St-Zip: PINELLAS PARK, FL 33781

Title:

Name: BENNETT, JACK
Address: 7320 STONE HAVEN CT N
City-St-Zip: PINELLAS PARK, FL 33781

Title: D

Name: DAY, NANCY

Address: 7238 STONE HAVEN CT N City-St-Zip: PINELLAS PARK, FL 33781

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: JUDY RUSSELL PD