2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# 737746

Entity Name: BAY STREET VILLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

844 BAY STREET
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

844 BAY STREET
#1
SEBRING, FL 33870

New Mailing Address:

844 BAY STREET
#5
SEBRING, FL 33870

FEI Number: 65-0775539 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STORLIE, LYLE T
844 BAY ST
#5
SEBRING, FL 33870 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	( ) Delete
Name:	STORLIE, LYLE T	
Address:	844 BAY ST #5	
City-St-Zip:	SEBRING, FL 33870	
Title:	DVP	( ) Delete
Name:	VANDERMOLEN, FRANS	
Address:	844 BAY STREET #8	
City-St-Zip:	SEBRING, FL 33870	
Title:	TD	( ) Delete
Name:	WIMBERLY, LEE B	
Address:	844 BAY ST 2	
City-St-Zip:	SEBRING, FL 33870	
Title:	D	( ) Delete
Name:	BANTA, TOM	
Address:	844 BAY ST #1	
City-St-Zip:	SEBRING, FL 33870	
Title:	SD	( ) Delete
Name:	BANTA, PAT	
Address:	844 BAY ST #1	
City-St-Zip:	SEBRING, FL 33870	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TD	(X) Change ( ) Addition
Name:	WIMBERLY, LEE B	
Address:	844 BAY ST #2	
City-St-Zip:	SEBRING, FL 33870	
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: LYLE T STORLIE PD 04/30/2009

Electronic Signature of Signing Officer or Director — Date