

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90012 038 ****61.25

DOCUMENT # 738251 1. Entity Name BAY ISLES BAYOU ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 8036 LONGBOAT KEY, FL 34228			Mailing Address P.O. BOX 8036 LONGBOAT KEY, FL 34228		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1797525	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ABSHIRE, MICHAEL CPA 5560 BEE RIDGE ROAD SUITE D-1 SARASOTA, FL 34233				7. Name and Address of New Registered Agent --	
8. 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. I am familiar with, and accept the obligations of registered agent.				Name	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) --				Street Address (P.O. Box Number is Not Acceptable)	
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution. ☐	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RAJEWSKI, RAYMOND 3300 BAYOU RD LONGBOAT KEY, FL 34228			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC O'CONNER, PETER 3261 BAYOU WAY LONGBOAT KEY, FL 34228			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS DUCRAY, TERRIE L 3210 BAYOU SOUND LONGBOAT KEY, FL 34228			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KAGAN, SEYMOUR J 3440 BAYOU CT LONGBOAT KEY, FL 34228			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC FRANKLIN, MICHAEL 3671 BAYOU CIRCLE SARASOTA, FL 342778			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS PHILLIP E. YOUNGER 3111 BAYOU SOUND LONGBOAT KEY, FL 34228			☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: 4-21-08	
Daytime Phone #: 941-921-5000					