2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 738251 1. Entity Name BAY ISLES BAYOU ASSOCIATION, INC.						04-23-2008	3 90012 038	****61	1.25	
Principal Place of Business P.O. BOX 8036 LONGBOAT KEY, FL 34228 Principal Place of Business P.O. BOX 8036 LONGBOAT KEY, FL 34228 LONGBOAT KEY, FL 34228			34228						X 1 1 1 1 111	
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address								
		Suite, Apt. #, etc.	uite, Apt. #, etc.		04182008	Chg-NP	CR2E037 (12/06)		
City & State		City & State	City & State		4. FEI Numbe 59-1797	, 525			plied For t Applicable	
Zip	Country	Zip	Country	Country		of Status Desired		. 75 Add Required		
	6. Name and Address of Current	Registered Agent	Name		7. Name and	Address of New	Registered Age	nt		
ABSHIRE, MICHAEL CPA				€					1	
SUITE D-1 SARASOTA, FL 34233			Stree	Street Address (P.O. Box Number is Not Acceptable)						
			City				FL	Zip Code	э	
the obligat	named entity submits this statement for ions of registered agent.	r the purpose of changing i	its registered office	e or register	red agent, or both	n, in the State of	Florida. I am fami	iliar with,	and accept	
oronani grazi.	Signature, typed or printed name of registered agent	and title if applicable. (No	OTE: Registered Agent sig	nature required	d when reinstating)	"	DATE			
Filing Fee is \$61.25 Due by May 1, 2008 9. Election Campa Trust Fund Cont			•	cing \$5.00 May Be Added to Fees Hard Department of State						
	. —							-	II.	
10.	. —	Trust Fund			Added to Fees	FI		ent of St	ate	
TITLE	Due by May 1, 2008 OFFICERS AND DIF	Trust Fund	d Contribution.		Added to Fees	FI	orida Departme	ent of St	ate	
TITLE NAME	Due by May 1, 2008 OFFICERS AND DIF DP RAJEWSKI, RAYMOND	Trust Fund	11. TITLE NAME		Added to Fees	FI	orida Departme	TORS IN	ate	
TITLE NAME STREET ADDRESS	Due by May 1, 2008 OFFICERS AND DIF DP RAJEWSKI, RAYMOND 3300 BAYOU RD	Trust Fund	11. TITLE NAME STREET ADDRESS		Added to Fees	FI	orida Departme	TORS IN	ate	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2008 OFFICERS AND DIF DP RAJEWSKI, RAYMOND 3300 BAYOU RD LONGBOAT KEY, FL 34228	Trust Fund	11. TITLE NAME STREET ADDRES CITY-ST-ZIP		Added to Fees	FI	orlda Departme	ETORS IN	ate	
TITLE NAME STREET ADDRESS	Due by May 1, 2008 OFFICERS AND DIF DP RAJEWSKI, RAYMOND 3300 BAYOU RD	Trust Fund	11. TITLE NAME STREET ADDRESS		Added to Fees	FI	orlda Departme	TORS IN	ate	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by May 1, 2008 OFFICERS AND DIF DP RAJEWSKI, RAYMOND 3300 BAYOU RD LONGBOAT KEY, FL 34228 DC	Trust Fund	11. TITLE NAME STREET ADDRES CITY-ST-ZIP	ss .	Added to Fees	FI	orlda Departme	ETORS IN	ate	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Due by May 1, 2008 OFFICERS AND DIF DP RAJEWSKI, RAYMOND 3300 BAYOU RD LONGBOAT KEY, FL 34228 DC O'CONNER, PETER	Trust Fund	11, TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME	ss .	Added to Fees	FI	orlda Departme	ETORS IN	ate	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by May 1, 2008 OFFICERS AND DIF DP RAJEWSKI, RAYMOND 3300 BAYOU RD LONGBOAT KEY, FL 34228 DC O'CONNER, PETER 3261 BAYOU WAY LONGBOAT KEY, FL 34228 VDS	Trust Fund	T1. TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE TITLE TITLE TITLE	ss vDs	Added to Fees	FINANGES TO OFFICE	cers and direct	ETORS IN	ate	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Due by May 1, 2008 OFFICERS AND DIF DP RAJEWSKI, RAYMOND 3300 BAYOU RD LONGBOAT KEY, FL 34228 DC O'CONNER, PETER 3261 BAYOU WAY LONGBOAT KEY, FL 34228 VDS DUCRAY, TERRIE L	Trust Fund RECTORS Delete	T1. TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME NAME	ss VDS PHIL	Added to Fees ADDITIONS/CHA	FINANGES TO OFFICE	cers and direct	ent of St CTORS IN Change	10 Addition Addition	
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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 excepte 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 like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.21.08

941.921.5000

Daytime Phone #