


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90027 041 \*\*\*\*61.25

**DOCUMENT # 739272**

1. Entity Name  
**BAY PALMS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
 2750 EAST BAY DR  
 LARGO, FL 33771 US

Mailing Address  
 % CMC, INC.  
 4175 EAST BAY DR, STE 205  
 CLEARWATER, FL 33764 US

40036003



2. Principal Place of Business - No P.O. Box #  
**40 GOLDSTAR mgmt Co.**

3. Mailing Address  
**40 Goldstar mgmt Co.**

Suite, Apt. #, etc.  
**2435 US 19 # 270**

Suite, Apt. #, etc.  
**2435 US 19 # 270**

01102008 Chg-NP CR2E037 (12/06)

City & State  
**Holiday FL**

City & State  
**Holiday FL**

Zip  
**34691**

Country  
**USA**

Zip  
**34691**

Country  
**USA**

4. FEI Number  
**59-1387550**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HILDEBRANDT, HAL**  
 % CMC, INC  
 4175 EAST BAY DRIVE, SUTE 205  
 CLEARWATER, FL 33764

7. Name and Address of New Registered Agent

Name  
**Jeffrey Vlm**

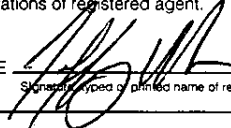
Street Address (P.O., Box Number is Not Acceptable)  
**40 Goldstar mgmt Co.**

**2435 U.S 19 # 270**

City  
**HOLIDAY FL**

Zip Code  
**34691**

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.

SIGNATURE  **Jeffrey Vlm, CMAA** 1/31/08

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

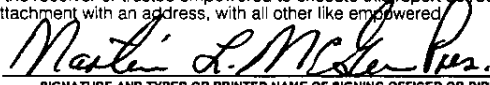
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> Delete
NAME LEACH, TERRY	
STREET ADDRESS 2750 EASY BAY E2	
CITY-ST-ZIP LARGO, FL 33771	
TITLE DP	<input type="checkbox"/> Delete
NAME MCGEE, MARY	
STREET ADDRESS 2750 EAST BAY DR., E7	
CITY-ST-ZIP LARGO, FL 33771	
TITLE STD	<input type="checkbox"/> Delete
NAME PALMER, JOHN	
STREET ADDRESS 2750 E. BAY #A-2	
CITY-ST-ZIP LARGO, FL 33771	
TITLE D	<input type="checkbox"/> Delete
NAME BAUMGARDNER, WILLIAM	
STREET ADDRESS 2750 EAST BAY DR., B4	
CITY-ST-ZIP LARGO, FL 33771	
TITLE TD	<input type="checkbox"/> Delete
NAME KALATA, MARY	
STREET ADDRESS 2750 E. BAY DR. F-15	
CITY-ST-ZIP LARGO, FL 33771	
TITLE DVP	<input type="checkbox"/> Delete
NAME SCHNEIDER, RICHARD	
STREET ADDRESS 2750 EAST BAY DR., A15	
CITY-ST-ZIP LARGO, FL 33771	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MCGEE, MARTIN</b>	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 like empowered.

SIGNATURE:  **Martin L. McGee Pres.** 01-22-08 (727) 942-1906

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40036034  
# 739272

Title	SD
Name	Wagner, Joanne
Street Address	2750 East Bay Dr., A8
City-St-Zip	Largo, FL 33771