2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007
Secretary of State

DOCUMENT# 747997

Entity Name: BAY ESPLANADE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

584 BAY ESPLANADE
2
CLEARWATER, FL 33767 US

New Principal Place of Business:

Current Mailing Address:

584 BAY ESPLANADE
2
CLEARWATER, FL 33767 US

New Mailing Address:

FEI Number: 59-3276746 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAGILL., ROBERT P
584 BAY ESPLANADE
2
CLEARWATER, FL 33767 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:	PTD	( ) Delete
Name:	MAGILL, ROBERT	
Address:	584 BAY ESPLANADE #2	
City-St-Zip:	CLEARWATER, FL 33767	
Title:	VD	( ) Delete
Name:	DANNA, MARK	
Address:	584 BAY ESPLANADE	
City-St-Zip:	CLEARWATER, FL 33767	
Title:	D	( ) Delete
Name:	COLOS, GUS	
Address:	584 BAY ESPLANADE #4	
City-St-Zip:	CLEARWATER, FL 33767	
Title:	D	( ) Delete
Name:	SEIFERT, MIKE	
Address:	584 BAY ESPLANADE #1	
City-St-Zip:	CLEARWATER, FL 33767	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: ROB MAGILL PRES 01/08/2007

Electronic Signature of Signing Officer or Director Date