

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747997

FILED  
Jan 09, 2008  
Secretary of State

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:

584 BAY ESPLANADE  
CLEARWATER, FL 33767 US

## Current Mailing Address:

584 BAY ESPLANADE  
2  
CLEARWATER, FL 33767 US

## New Mailing Address:

584 BAY ESPLANADE  
3  
CLEARWATER, FL 33767 US

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:

DANNA, MARK  
584 BAY ESPLANADE  
3  
CLEARWATER, FL 33767 US

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: M DANNA

01/09/2008

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: VD (X) Change ( ) Addition  
Name: DANNA, MARK  
Address: 584 BAY ESPLANADE #3  
City-St-Zip: CLEARWATER, FL 33767

Title: D (X) Change ( ) Addition  
Name: LOLOS, GUS  
Address: 584 BAY ESPLANADE #4  
City-St-Zip: CLEARWATER, FL 33767

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: R MAGILL

PRES

01/09/2008

Electronic Signature of Signing Officer or Director

Date