

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90012 025 ****61.25

DOCUMENT # 748351	
1. Entity Name BAY WEST CONDOMINIUM, INC.	

Principal Place of Business 5444 PARK BLVD # 101 PINELLAS PARK FL 33781	Mailing Address % CONDOMINIUM MGNT GROUP INC P.O. BOX 47068 ST PETERSBURG FL 33743-7068 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address TO CMG
Suite, Apt. #, etc.	Suite, Apt. #, etc. P.O. Box 60068
City & State	City & State St. Petersburg, FL
Zip	Zip 33784
Country	Country USA

1st MOORE CR2E037 (10/07)

4. FEI Number 59-1926245	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WELTON, RONALD D 5444 PARK BLVD PINELLAS PARK FL 33781	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5444 Park Blvd #101 City FL Zip Code	

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 _____ (NOTE: Registered Agent Signature Required when completing) DATE _____

FILE NOW: 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWIFT, DOUG 2525 WEST BAY DR # D20 BELLEAIR BLUFFS FL 33770 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jim Argyropoulos 2525 West Bay C14 Belleair Bluffs, FL 33770 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SWIFT, VIOLET 2525 WEST BAY DR # D14 BELLEAIR BLUFFS FL 33770 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOFRONIS, ARIS 2525 WEST BAY DR A46 BELLEAIR BLUFFS FL 33770 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAST, ALICE M 2525 WEST BAY DR C12 BELLEAIR BLUFFS FL 33770 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Steve Dudas 2525 West Bay DR E10 Belleair Bluffs, FL 33770 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PICKUP, LYLE 2525 WEST BAY DR. A-15 BELLEAIR BLUFFS FL 33770 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 Section 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: Violet Swift

4/18/08