

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748954

FILED
Mar 19, 2008
Secretary of State

Entity Name: BAY PINES APARTMENTS UNIT FOUR ASSOCIATION, INC.

Current Principal Place of Business:

4600 98TH WAY NORTH
ST. PETERSBURG, FL 33708

New Principal Place of Business:

Current Mailing Address:

AMERI-TECH REALTY
P.O. BOX 14357
CLEARWATER, FL 33765 US

New Mailing Address:

FEI Number: 59-2000960 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

AMERI-TECH REALTY, INC
MICHAEL G PEREZ, PRESIDENT
1799-B NORTH BELCHAR ROAD
CLEARWATER, FL 33765 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: PD () Delete
Name: SCHREIBER, TOM
Address: 4600 98TH WAY NORTH, #108
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: VPD () Delete
Name: VALKO, JAMES
Address: 4600 98TH WAY NORTH, #205
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: TD () Delete
Name: DOANE, VIRGINIA
Address: 4600 98TH WAY, #202
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: SD () Delete
Name: NORMAN, JENNET
Address: 4600 98TH WAY NORTH, 210
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: D () Delete
Name: BEEHLER, PATTI
Address: 4600 98TH WAY NORTH, #103
City-St-Zip: SAINT PETERSBURG, FL 33708

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:

Title: D (X) Change () Addition
Name: WATSON, JOAN
Address: 4600 98TH WAY NORTH, #301B
City-St-Zip: SAINT PETERSBURG, FL 33708

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: TOM SCHREIBER

PD

03/19/2008

Electronic Signature of Signing Officer or Director

Date