


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # 749163. 1. Entity Name BAYVISTA, SNELL ISLE, CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 1314 SNELL ISLE BLVD NE # 1 SAINT PETERSBURG, FL 33704	Mailing Address 1314 SNELL ISLE BLVD NE # 1 SAINT PETERSBURG, FL 33704
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04062005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-2496523	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GANDIA, DIANA M 1314 SNELL ISLE BLVD NE #1 ST. PETERSBURG, FL 33704
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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 re-stating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEDOUX, YVETTE 1314 SNELL ISLE BLVD NE #2 SAINT PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GANDIA, DIANA M 1314 SNELL ISLE BLVD NE #1 ST. PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CURRY, LIZ 1314 SNELL ISLE BLVD #4 SAINT PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HILL, JUDY 1326 SNELL ISLE BLVD NE #2 SAINT PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *D. M. Gandia*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/05 (727) 492-5857
Date Daytime Phone #