


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2006 8:00 am
Secretary of State

05-17-2006 90018 030 ****61.25

DOCUMENT # 749163 1. Entity Name BAYVISTA, SNELL ISLE, CONDOMINIUM ASSOCIATION, INC.					
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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GANDIA, DIANA M 1314 SNELL ISLE BLVD NE #1 ST. PETERSBURG, FL 33704				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEDOUX, YVETTE 1314 SNELL ISLE BLVD NE #2 SAINT PETERSBURG, FL 33704	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUDY HILL - PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1326 SNELL ISLE BLVD NE #2 ST PETERSBURG FL 33704	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GANDIA, DIANA M 1314 SNELL ISLE BLVD NE #1 ST. PETERSBURG, FL 33704	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIANA GANDIA - VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition → SAME	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HILL, JUDY 1326 SNELL ISLE BLVD NE #2 SAINT PETERSBURG, FL 33704	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD - JUANNE BULLARD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1326 SNELL ISLE BLVD NE #4 ST PETERSBURG FL 33704	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Diana Gandia</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			5/1/06 (277) 492-5657 <small>Date Daytime Phone #</small>		

40092971



05112006 Chg-NP CR2E037 (4/06)

4. FEI Number
59-2496523

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**