

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90016 002 \*\*\*\*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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

**59-2496523**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

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

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 PD  
NAME HILL, JUDY ☐ Delete  
STREET ADDRESS 1326 SNELL ISLE BLVD NE #2  
CITY-ST-ZIP SAINT PETERSBURG FL 33704

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD  
NAME GANDIA, DIANA ☐ Delete  
STREET ADDRESS 1314 SNELL ISLE BLVD NE #1  
CITY-ST-ZIP ST. PETERSBURG FL 33704

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD  
NAME CURRY, LIZ ☐ Delete  
STREET ADDRESS 1314 SNELL ISLE BLVD #4  
CITY-ST-ZIP SAINT PETERSBURG FL 33704

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T  
NAME BULLARD, JOANNE ☐ Delete  
STREET ADDRESS 1324 SNELL ISLE BLVD NE #4  
CITY-ST-ZIP SAINT PETERSBURG FL 33704

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Joan L. Bullard, Treasurer*

3-16-07 727-821-9851

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #