2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007
Secretary of State

DOCUMENT# 754206

Entity Name: REDINGTON TOWERS NO. 1, INC.

Current Principal Place of Business:

% PROFESSIONAL BAYWAY MANAGEMENT, INC.
5901 SUN BLVD, SUITE 203
SAINT PETERSBURG, FL 33715 US

New Principal Place of Business:

Current Mailing Address:

% PROFESSIONAL BAYWAY MANAGEMENT, INC.
5901 SUN BLVD., SUITE 203
SAINT PETERSBURG, FL 33715 US

New Mailing Address:

FEI Number: 31-1093273 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PROFESSIONAL BAYWAY MANAGEMENT, INC.
5901 SUN BLVD.
SUITE 203
SAINT PETERSBURG, FL 33715 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:	VD	( ) Delete
Name:	WALSH, VERGINIA	
Address:	17900 GULF BLVD.,	
City-St-Zip:	REDINGTON SHORES, FL 33708	
Title:	PD	( ) Delete
Name:	GLOVER, ROBERT	
Address:	17900 GULF BLVD.,	
City-St-Zip:	REDINGTON SHORES, FL 33708	
Title:	SD	( ) Delete
Name:	WETZEL, JACK	
Address:	17900 GULF BLVD.,	
City-St-Zip:	REDINGTON SHORES, FL 33708	
Title:	TD	( ) Delete
Name:	WILLIAMS, MAGED	
Address:	17900 GULF BLVD., #16-D	
City-St-Zip:	REDINGTON SHORES, FL 33708	
Title:	D	( ) Delete
Name:	WYATT, ROGER	
Address:	17900 GULF BLVD.,	
City-St-Zip:	REDINGTON SHORES, FL 33708	
Title:	D	( ) Delete
Name:	SHAKLEFORD, DONALD	
Address:	17900 GULF BLVD, #12-B	
City-St-Zip:	REDINGTON SHORES, FL 33708	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	VD	(X) Change ( ) Addition
Name:	GOTTLEB, RICK	
Address:	17900 GULF BLVD.,	
City-St-Zip:	REDINGTON SHORES, FL 33708	
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:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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: BOB GLOVER P 01/08/2007

Electronic Signature of Signing Officer or Director — Date