2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 754939 Apr 28, 2008
Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

STERLING MANAGEMENT 9815 47TH AVE

2870 SCHERER DR N., SUITE 100 SAINT PETERSBURG, FL 33708 US SAINT PETERSBURG, FL 33716 US

Current Mailing Address: New Mailing Address:

2870 SCHERER DR N 352 150TH AVE

SUITE 100 SUITE E

SAINT PETERSBURG, FL 33716 US MADEIRA BEACH, FL 33708 US

FEI Number: 59-2225011 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BECKER & POLIAKOFF, P.A.

2401 WEST BAY DRIVE

SUITE 414

CONDO MGT PLUS

352 150TH AVE

SUITE E

SUITE 414 SUITE E MADEIRA BEACH, FL 33708 US

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: JOYCE ADAMS 04/28/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD () Delete Title: ST (X) Change () Addition

 Name:
 BLACK, KATHY
 Name:
 BLACK, KATHY

 Address:
 9815 47TH AVE., E-102
 Address:
 352 150TH AVE

City-St-Zip: SAINT PETERSBURG, FL 33708 City-St-Zip: MADEIRA BEACH, FL 33708

Title: VP () Delete Title: P (X) Change () Addition

 Name:
 BLACK, RANDY
 Name:
 BLACK, RANDY

 Address:
 9815 47TH AVE N., #E-102
 Address:
 352 150TH AVE

City-St-Zip: SAINT PETERSBURG, FL 33708 City-St-Zip: MADEIRA BEACH, FL 33708

Title: PD () Delete Title: VP (X) Change () Addition Name: BROWN, JACK Name: JEFFREY, DON

 Address:
 9815 47TH AVE N, # 207
 Address:
 352 150TH AVE

 City-St-Zip:
 SAINT PETERSBURG, FL 33708
 City-St-Zip:
 MADEIRA BEACH, FL 33708

Title: () Delete Title: D () Change (X) Addition

Name: Name: GALLAGHER, JAMES

 Address:
 Address:
 352 150TH AVE

 City-St-Zip:
 City-St-Zip:
 MADEIRA BEACH, FL 33708

Title: () Delete Title: D () Change (X) Addition

Name: Name: GALLAGHER, SHIRLEY
Address: Address: 352 150TH AVE

City-St-Zip: City-St-Zip: MADEIRA BEACH, 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: JOYCE ADAMS LCAM 04/28/2008

Electronic Signature of Signing Officer or Director

Date

FILED