

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754939

FILED
Apr 23, 2009
Secretary of State

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

Current Principal Place of Business:

9815 47TH AVE
SAINT PETERSBURG, FL 33708 US

New Principal Place of Business:

Current Mailing Address:

352 150TH AVE
SUITE E
MADEIRA BEACH, FL 33708 US

New Mailing Address:

19535 GULF BLVD
SUITE E
INDIAN SHORES, FL 33785 US

FEI Number: 59-2225011

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONDO MGT PLUS
352 150TH AVE
SUITE E
MADEIRA BEACH, FL 33708 US

Name and Address of New Registered Agent:

CONDO MGT PLUS
19535 GULF BLVD
SUITE E
INDIAN SHORES, FL 33785 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

04/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: BLACK, KATHY
Address: 352 150TH AVE
City-St-Zip: MADEIRA BEACH, FL 33708

Title: P () Delete
Name: BLACK, RANDY
Address: 352 150TH AVE
City-St-Zip: MADEIRA BEACH, FL 33708

Title: VP () Delete
Name: JEFFREY, DON
Address: 352 150TH AVE
City-St-Zip: MADEIRA BEACH, FL 33708

Title: D (X) Delete
Name: GALLAGHER, JAMES
Address: 352 150TH AVE
City-St-Zip: MADEIRA BEACH, FL 33708

Title: D () Delete
Name: GALLAGHER, SHIRLEY
Address: 352 150TH AVE
City-St-Zip: MADEIRA BEACH, FL 33708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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

04/23/2009

Electronic Signature of Signing Officer or Director

Date