

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757629

FILED
Feb 24, 2011
Secretary of State

Entity Name: BLIND PASS LAGOONS UNIT II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

BLIND PASS LAGOONS II
9815 HARRELL AVE
TREASURE ISLAND, FL 33706 US

New Principal Place of Business:

Current Mailing Address:

C/O LAMONT MANAGEMENT
250 104TH AVE
TREASURE ISLAND, FL 33706 US

New Mailing Address:

FEI Number: 59-2104990 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMONT, SUE H
SUE LAMONT C/O LAMONT MGMT
250 104TH AVE
SAINT PETERSBURG, FL 33706 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: P
Name: WILLIAM, FINCH M
Address: 9815 HARRELL AVE #402
City-St-Zip: TREASURE ISLAND, FL 33706

Title: T
Name: CARR, BEVERLY
Address: 9815 HARRREL AVE #201
City-St-Zip: TREASURE ISLAND, FL 33706

Title: S
Name: PERRY, SANDY
Address: 4 TAGGERT DR
City-St-Zip: MOORESVILLE, IN 46158

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM M FINCH

P

02/24/2011

Electronic Signature of Signing Officer or Director

Date