2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#758038

FILED Feb 24, 2009 Secretary of State

Entity Name: BAY HOUSE TOWER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	BAY ROAD ACH, FL 33160				
Current Mailing Address:		New Mailing Addre	New Mailing Address:		
	BAY ROAD ACH, FL 33160				
FEI Numbei	: 59-2390488	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
17878 N E #201	ER, CARMEN BAY ROAD ACH, FL 33160	US			
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its register	red office or registered agent, or both,	
SIGNATU	RF [.]				
	· ·				
JIOINATO		c Signature of Registered Age	ent	Date	
				Date GES TO OFFICERS AND DIRECTORS	
OFFICER Fitle: Name: Address:	Electroni	ORS: Delete DAT 404			
	Electroni S AND DIRECT PD () POU, CONNIE 17878 N BAY RI SUNNY ISLE, FI	Delete DAT 404 33160 Delete VI DAPT 205	ADDITIONS/CHANG Title: Name: Address:	GES TO OFFICERS AND DIRECTORS	
OFFICER Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	Electroni S AND DIRECT PD () POU, CONNIE 17878 N BAY RI SUNNY ISLE, FI DVP () SAM, ABOUZLA 1878 NO. BY RI SUNNY ISLES, I	Delete D AT 404 . 33160 Delete W D APT 205 FL 33160 Delete	ADDITIONS/CHANGE Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTORS () Change () Addition	
DFFICER Title: Name: Address: Dity-St-Zip: Title: Name: Address: Dity-St-Zip: Title: Name: Name: Address:	Electroni S AND DIRECT PD () POU, CONNIE 17878 N BAY RI SUNNY ISLE, FI DVP () SAM, ABOUZLA 1878 NO. BY RE SUNNY ISLES, I S () CIOCCIO, JOE 17878 N BAY RI SUNNY ISLE, FI	Delete D AT 404 33160 Delete M D APT 205 FL 33160 Delete D APT 604 33160 Delete D APT 604 33160 Delete	ADDITIONS/CHANGE Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address: Address:	GES TO OFFICERS AND DIRECTORS () Change () Addition () Change () Addition	

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: CARMEN SCHNEIDER DI 02/24/2009