2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#760709

FILED Mar 22, 2009 Secretary of State

Entity Name: BAY OAKS ASSOCIATION, INC.

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

2870 SCHERER DRIVE N 100

SAINT PETERSBURG, FL 33716 US

New Mailing Address: Current Mailing Address:

2870 SCHERER DRIVE N

SAINT PETERSBURG, FL 33716 US

FEI Number: 59-2190971 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:

HIRSCH DE HAAN, ELLEN 311 PARK PLACE BLVD, SUITE 250 CLEARWATER, FL 337593977 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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete ODETTE, CINDY CATHERINE, ROWE Name: Name: Address:

5265 EAST BAY DR #614 Address: 5265 EAST BAY DR #920 City-St-Zip: CLEARWATER, FL 33764 City-St-Zip: CLEARWATER, FL 33764

Title: () Delete Title: (X) Change () Addition SALLEE, STEPHANIE Name: SALLEE, STEPHANIE Name: Address: Address:

5265 EAST BAY DRIVE, #624 5265 EAST BAY DRIVE, #624 City-St-Zip: CLEARWATER, FL City-St-Zip: CLEARWATER, FL 33764

Title: () Delete Title: (X) Change () Addition RIVERA, GRISELLE WICKHAM, CHRIS Name: Name:

5265 EAST BAY DRIVE #113 5265 EAST BAY DRIVE #510 Address: Address: City-St-Zip: CLEARWATER, FL 33764 City-St-Zip: CLEARWATER, FL 33764

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

Name: CHASE, FREDERIEK Name: CHASE, FREDRICK 5265 EAST BAY DRIVE #114 Address: 5265 EAST BAY DRIVE #114 Address: City-St-Zip: CLEARWATER, FL 33764 City-St-Zip: CLEARWATER, FL 33764

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

RANSKI, KENNETH Name: Name: 5265 E BAY DRIVE #913 Address: Address: City-St-Zip: CLEARWATER, FL 33764 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: MAUREEN CONNOLLY MGR 03/22/2009