

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761776

FILED  
Jan 23, 2009  
Secretary of State

**Entity Name:** BAY BREEZE ASSOCIATION OF TREASURE ISLAND, INC.

**Current Principal Place of Business:**

10109 GULF BLVD UNIT 203  
TREASURE ISLAND, FL 33706

**New Principal Place of Business:**

10109 GULF BLVD  
TREASURE ISLAND, FL 33706

**Current Mailing Address:**

250 104TH AVENUE  
TREASURE ISLAND, FL 33706 US

**New Mailing Address:**

FEI Number: 59-2761444      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LAMONT, SUE H.  
250 104TH AVENUE  
SAINT PETERSBURG, FL 337064846 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: D ( ) Delete  
Name: RAVENEL, STEVE  
Address: 10109 GULF BLVD #201  
City-St-Zip: SAINT PETERSBURG, FL 33706

Title: PD ( ) Delete  
Name: HANSEN, RANDY  
Address: 3609 MONTCLAIRE DR.  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: STD ( ) Delete  
Name: O'MALLEY, JAMES  
Address: 3802 S LYNWOOD AVE  
City-St-Zip: TAMPA, FL 33611

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

Title: STD (X) Change ( ) Addition  
Name: CUMMINGS, MARGARET  
Address: 10109 GULF BLVD #103  
City-St-Zip: TREASURE ISLAND, FL 33706

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: O'MALLEY, JAMES  
Address: 3802 S LYNWOOD AVE  
City-St-Zip: TAMPA, FL 33611

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: RANDY HANSEN

PD

01/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date