

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 761776

**FILED**  
**Mar 01, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

10109 GULF BLVD  
TREASURE ISLAND, FL 33706

**New Principal Place of Business:**

**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: STD  
Name: CUMMINGS, MARGARET  
Address: 10109 GULF BLVD #103  
City-St-Zip: TREASURE ISLAND, FL 33706

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

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

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: MARGARET CUMMINGS

STD

03/01/2011

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

\_\_\_\_\_  
Date