2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Mailing Address

City & State

Zip

8. The above named entity submits this statement for the purpose of changing its registered office or registere

an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

DOCUMENT #762670

Principal Place of Business

City & State

VOLDE, CRYSTAL

SARASOTA, FL 34236

888 BLVD OF THE ARTS UNIT 108

the obligations of registered agent.

changed, or on an attachment with

SIGNATURE:

Filing Fee is \$61.25

Due by May 1, 2008

Zip

SIGNATURE

10.

CONDOMINIUM ON THE BAY MANAGEMENT CORPORATION, INC.

Country



Country

Street Address (P.

City

(NOTE: Registered Agent signature regulred w

9. Election Campaign Financing Trust Fund Contribution.

888 BOULEVARD OF THE ARTS 888 BOULEVARD OF THE ARTS SARASOTA, FL 34236 SARASOTA, FL 34236 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable,

OFFICERS AND DIRECTORS

FILED May 22, 2008 8:00 am Secretary of State

05-22-2008 90019 010 ****61.25

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04182008 Ch	ng-NP	CR2E037	(12/06)	•
4. FEI Number			1	Applied For
59-218154	8			Vot Applicable
5. Certificate of Status Desired Sequired \$8.75 Additional Fee Required				
7. Name and Add	ress of New Re	gistered Ag	ent	
O. Box Number is f	Not Acceptable)			
FL Zip Code				ode
d agent, or both, in	the State of Flori	da. I am far	miliar with	h, and accept
hen reinstating)	DATE			
5.00 May Be Added to Fees	Make check payable to Florida Department of State			
DDITIONS/CHANG	ES TO OFFICER	S AND DIRE	CTORS	IN 10
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24801A FL 342	36	_		
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Date

Daytime Phone #

TITLE ☐ Delete TITLE NEELY, JACK NAME NAME STREET ADDRESS SAGRIVD OF THE ARTS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34236 CITY-ST-ZIP TITLE VP Delete TITLE MATORAN, DON NAME NAME 888 BLVD. OF THE ARTS #204 STREET ADDRESS STREET ADDRESS SARASOTA, FL 34236 CITY-ST-ZIP CITY-ST-ZIP **₹** ☐ Delete TITLE TITLE BLAZEKOVIC, ROBERT NAME NAME STREET ADDRESS 888 BLVD. OF THE ARTS #304 ろのも STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34236 CITY-ST-ZIP ☐ Delete TITLE TREASURER. Change ☐ Addition TITLE COPPEN RATH, ROBERT NAME NAME COPPENRATH 888 BLVD. OF THE ARTS #617 STREET ADDRESS STREET ADDRESS SARASOTA, FL 34236 CITY-ST-ZIP CITY-ST-ZIP VICE PRESIDENT ☐ Defete TITLE Change ☐ Addition TITLE TITCOMB, ROBERT 988 Blud Litto Ads #1410 NAME NAME BLVD. OF THE ARTS #1710 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34236 CITY-ST-ZIP DISECTOR ☐ Delete TITLE ☐ Change Addition Addition TITLE JIM KENNED NAME NAME STREET ADDRESS BBB BIW of STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SACASONA 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if