

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763686

FILED
Mar 04, 2008
Secretary of State

Entity Name: BAY VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4400 HWY 20 EAST
SUITE 313
NICEVILLE, FL 32578

New Principal Place of Business:

4400 HWY 20 EAST
SUITE 312
NICEVILLE, FL 32578

Current Mailing Address:

PO BOX 5263
NICEVILLE, FL 32578

New Mailing Address:

FEI Number: 58-1526456 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANDSBERGER, DARLANE
4400 HIGHWAY 20 E
SUITE 313
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

LANDSBERGER, DARLANE
4400 HIGHWAY 20 E
SUITE 312
NICEVILLE, FL 32578 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: _____

03/04/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WERNER, THOMAS
Address: 1027 W CHOCTAWHATCHEE
City-St-Zip: NICEVILLE, FL 32578

Title: VPD () Delete
Name: PURSELL, SCOTT
Address: 1635 OAKMONT CIRCLE
City-St-Zip: NICEVILLE, FL 32578 US

Title: STD () Delete
Name: SIMONSON, RICH
Address: 413 S 5TH STREET
City-St-Zip: FT ATKINSON, WI 53538 US

Title: D () Delete
Name: ALLRED, KENNETH
Address: 47 MARINA COVE DR
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PURSELL, SCOTT
Address: 1635 OAKMONT CIR
City-St-Zip: NICEVILLE, FL 32578

Title: VP (X) Change () Addition
Name: ALLRED, KEN
Address: 47 MARINA COVE DR #307
City-St-Zip: NICEVILLE, FL 32578 US

Title: STD (X) Change () Addition
Name: SIMONSON, RICH
Address: 413 S 5TH STREET
City-St-Zip: FT ATKINSON, WI 53538 US

Title: D (X) Change () Addition
Name: WERNER, TOM
Address: 1027 CHOCTAWHATCHEE DR
City-St-Zip: NICEVILLE, FL 32578

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: SCOTT PURSELL

PD

03/04/2008

Electronic Signature of Signing Officer or Director

Date