## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#763686** 

Apr 17, 2009 Secretary of State

Entity Name: BAY VILLAS CONDOMINIUM ASSOCIATION, INC.

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

4400 HWY 20 EAST SUITE 312 NICEVILLE, FL 32578

**New Mailing Address: Current Mailing Address:** 

PO BOX 5263 NICEVILLE, FL 32578

FEI Number: 58-1526456 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:

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:

Date

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete PURSELL, SCOTT Name: PURSELL, SCOTT Name: 1635 OAKMONT CIR Address: 1635 OAKMONT CIR Address:

City-St-Zip: NICEVILLE, FL 32578 City-St-Zip: NICEVILLE, FL 32578

(X) Change ( ) Addition Title: () Delete Title: ALLRED, KEN Name: ALLRED, KENNETH Name:

Address: 47 MARINA COVE DR #307 Address: 47 MARINA COVE DR #307 City-St-Zip: NICEVILLE, FL 32578 US City-St-Zip: NICEVILLE, FL 32578 US

Title: STD () Delete Title: (X) Change ( ) Addition SIMONSON, RICH SIMONSON, RICH

Name: Name: Address: 413 S 5TH STREET Address: 413 S 5TH STREET

City-St-Zip: FT ATKINSON, WI 53538 US City-St-Zip: FT ATKINSON, WI 53538 US

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

Name: WERNER, TOM Name: 1027 CHOCTAWHATCHEE DR Address: Address: City-St-Zip: NICEVILLE, FL 32578 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: KENNETH ALLRED PD 04/17/2009