2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#768183

11011 PELICAN DRIVE

Address:

City-St-Zip:

11144 BLUEBIRD DR

DADE CITY, FL 33525

Entity Name: BLUE JAY ASSOC. INC.

Current Principal Place of Business:

FILED Jan 21, 2009 Secretary of State

DADE CITY, FL 33525	DADE CITY, FL 33525	17	
Current Mailing Address:	New Mailing Address:		
11011 PELICAN DRIVE DADE CITY, FL 33525	11011 PELICAN DRIVE DADE CITY, FL 33525	17	
FEI Number: 59-2075989 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:	Name and Address of N	Name and Address of New Registered Agent:	
HUDAK, JOYCE 11025 REDBIRD DRIVE DADE CITY, FL 33525 US	DEAN, NANCY 11120 BLUEBIRD DR. DADE CITY, FL 33525	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: NANCY DEAN		01/21/2009	
Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTORS:	
Title: P () Delete Name: RICHIE, JIM	Title: () Name:	Change () Addition	

New Principal Place of Business:

11011 PELICAN DRIVE

Address: 11111 BLUE BIRD DR Address: City-St-Zip: DADE CITY, FL 33525 City-St-Zip: Title: () Delete Title: () Change () Addition HUDAK, JOYCE Name: Name: Address: 11025 REDBIRD DR Address: City-St-Zip: DADE CITY, FL 33525 City-St-Zip: Title: () Delete Title: () Change () Addition MADISON, MARIEL Name: Name: 11121 REDBIRD DR Address: Address: City-St-Zip: DADE CITY, FL 33525 City-St-Zip: () Delete Title: Title: () Change () Addition DEAN, NANCY Name: Name: 11120 BLUEBIRD DR Address: Address: City-St-Zip: DADE CITY, FL 33525 City-St-Zip: Title: Title: () Delete () Change () Addition BLECK, JOANN Name: Name: 11034 REDBIRD DR Address: Address: DADE CITY, FL 33525 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition EASTIN, JACK MACDONALD, MARGARET Name: Name:

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.

Address:

City-St-Zip:

11101 PELICAN DR.

DADE CITY, FL 33525

SIGNATURE: NANCY DEAN TREA 01/21/2009