

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

**FILED**  
**May 13, 2008 8:00 am**  
**Secretary of State**

05-13-2008 90011 007 \*\*\*\*61.25

**DOCUMENT # N00130**

1. Entity Name  
BAY OAKS CENTRE CONDOMINIUM ASSOCIATION, INC.



**40101294**



01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
59-3299359

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**R. LANE LASTINGER**  
**275 96<sup>th</sup> Avenue North, Suite 5**  
**Saint Petersburg, Florida 33702**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
LASTINGER, R LANE  
275 96TH AVE NO # 6  
SAINT PETERSBURG, FL 33702**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT  
DEONAN, JAMES BETH DOYLE  
275 96TH AV. N. STE # 8  
SAINT PETERSBURG, FL 33702**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MCDONALD, STEWART  
275-96TH AVE, N # 4  
SAINT PETERSBURG, FL 33702**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
KWOH, GEAN  
275 96TH AVE. N #1  
ST. PETERSBURG, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DST  
ZINTEL, MARK  
275 96TH AVE N. STE # 8  
ST PETERSBURG, FL 33702**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CORREA, J. GERARD  
275 96TH AVE. N. #6  
SAINT PETERSBURG, FL 33702**

**DO NOT WRITE  
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/08

727-894-2692