

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 04, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000005226**

1. Entity Name

**BAY STREET CENTER CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**7754 BAY ST  
STE 7  
SEBASTIAN FL 32958**

Mailing Address

**7754 BAY ST  
STE 7  
SEBASTIAN FL 32958**



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

**65-1125822**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KHAWAZA, FARHAT  
7754 BAY ST  
SUITE 7  
SEBASTIAN FL 32958**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 fee (if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW - FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to:**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **D TOLLE, THERESA W**  
STREET ADDRESS **7746 BAY ST**  
CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE ☐ Delete  
NAME **D KHAWAZA, FARHAT J**  
STREET ADDRESS **7754 BAY STREET**  
CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE ☐ Delete  
NAME **D DONER, KATHY S**  
STREET ADDRESS **7766 BAY STREET**  
CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE ☐ Delete  
NAME **D PETERSON, MARK A**  
STREET ADDRESS **7740 BAY STREET**  
CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **000000813261**  
CITY-ST-ZIP **02/12/08-80081-017 61.25**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

*[Handwritten Signature]*

**1/28/08 772 5893000**