

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 18, 2011
Secretary of State

DOCUMENT# N02712

Entity Name: BRIDGEHAMPTON BAY CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**8701 BLIND PASS RD
#309A
ST PETE BEACH, FL 33706 US**New Principal Place of Business:**8711 BLIND PASS RD
#106A
ST PETE BEACH, FL 33706 US**Current Mailing Address:**8701 BLIND PASS RD
#309A
ST PETE BEACH, FL 33706 US**New Mailing Address:**8711 BLIND PASS RD
#106A
ST PETE BEACH, FL 33706 US**FEI Number:** 59-2914643**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RICHARD, SWANTISH J
8711 BLIND PASS RD
#301A
ST PETE BEACH, FL 33706 US**Name and Address of New Registered Agent:**VILLEMAIRE, TRINA A
8711 BLIND PASS RD
#106A
ST PETE BEACH, FL 33706 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: TRINA A. VILLEMAIRE

04/18/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T
Name: VILLEMAIRE, TRINA
Address: 8711 BLIND PASS RD 106A
City-St-Zip: ST. PETE BEACH, FL 33706 US

Title: S
Name: THILMAN, LYNN
Address: 8701 BLIND PASS RD, #104B
City-St-Zip: ST. PETE BEACH, FL 33706 US

Title: VP
Name: SWANTISH, RICHARD J
Address: 8711 BLIND PASS RD 301A
City-St-Zip: ST. PETE BEACH, FL 33706 US

Title: P
Name: SMITH, GLENDA
Address: 8701 BLIND PASS RD. #108B
City-St-Zip: ST. PETE BEACH, FL 33706 US

Title: D
Name: BURNETT, WILLIAM
Address: 8711 BLIND PASS RD. #305A
City-St-Zip: ST. PETE BEACH, FL 33706 US

Title: D
Name: VILLEMAIRE, DAVID
Address: 8711 BLIND PASS RD #106A
City-St-Zip: ST. PETE BEACH, FL 33706 US

I hereby 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 all other like empowered.

SIGNATURE: TRINA A. VILLEMAIRE

T

04/18/2011

Electronic Signature of Signing Officer or Director

Date