

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02712

FILED  
Jan 19, 2012  
Secretary of State

**Entity Name:** BRIDGEHAMPTON BAY CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

8711 BLIND PASS RD  
#106A  
ST PETE BEACH, FL 33706 US

**New Principal Place of Business:**

8701 BLIND PASS RD  
ST PETE BEACH, FL 33706 US

**Current Mailing Address:**

8711 BLIND PASS RD  
#106A  
ST PETE BEACH, FL 33706 US

**New Mailing Address:**

8701 BLIND PASS RD  
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:**

VILLEMAIRE, TRINA A  
8711 BLIND PASS RD  
#106A  
ST PETE BEACH, FL 33706 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
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: WROBLEWSKI, PHILIP  
Address: 8701 BLIND PASS RD. #208B  
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

01/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date