

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90290 011 ****61.25



DOCUMENT # N03000010582
 1. Entity Name
BAY PINES CONDOMINIUM UNIT THREE ASSOCIATION, INC.

Principal Place of Business Mailing Address
9940 47TH AVENUE, N **9940 47TH AVENUE, N**
ST. PETERSBURG FL 33708 **ST. PETERSBURG FL 33708**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number Applied For
34-1976268 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

BECKER & POLIAKOFF, P.A.
2401 WEST BAY DRIVE, SUITE 414
LARGO FL 33770

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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	DP	<input type="checkbox"/> Delete
NAME	ORMAN, ROBERT	
STREET ADDRESS	9940 47TH AVE N #C-315	
CITY-ST-ZIP	ST. PETERSBURG FL 33708	<i>1 Apr 2005</i>
TITLE	Director <i>Sec - Treas</i>	<input type="checkbox"/> Delete
NAME	GNAZZO, LILLIAN	
STREET ADDRESS	9940 47TH AVE N #C-101	
CITY-ST-ZIP	ST. PETERSBURG FL 33708	
TITLE	<i>VP</i>	<input type="checkbox"/> Delete
NAME	<i>Roger Duffett</i>	
STREET ADDRESS	<i>9940 47th Ave N 319c</i>	
CITY-ST-ZIP	<i>St. Pete, FL 33708</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>Director</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Roger Duffett VP</i>	
STREET ADDRESS	<i>9940 47th Ave N. #319</i>	
CITY-ST-ZIP	<i>St. Pete FL 33708</i>	
TITLE	<i>Director</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Terry Brown</i>	
STREET ADDRESS	<i>9940 47th Ave N #111</i>	
CITY-ST-ZIP	<i>St. Pete FL 33708</i>	
TITLE	<i>Director</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Burt Johnson #115</i>	
STREET ADDRESS	<i>9940 47th Ave N</i>	
CITY-ST-ZIP	<i>St. Pete FL 33708</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Robert W. Orman* Robert W. Orman 1 April 2005 727-393-5185