

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001906

FILED
Apr 14, 2009
Secretary of State

Entity Name: BAYPLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

10317 BALTUSROL PLACE
BRADENTON, FL 34202

New Principal Place of Business:

Current Mailing Address:

10317 BALTUSROL PLACE
BRADENTON, FL 34202

New Mailing Address:

FEI Number: 52-2200530

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHAEFER, MICHAEL J
10317 BALTUSROL PLACE
BRADENTON, FL 34202 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: PST () Delete
Name: SCHAEFER, MICHAEL J
Address: 10317 BALTUSROL PLACE
City-St-Zip: BRADENTON, FL 34202

Title: VPD () Delete
Name: SCHAEFER, MICHAEL J
Address: 10317 BALTUSROL PLACE
City-St-Zip: BRADENTON, FL 34202

Title: D () Delete
Name: SCHAEFER, KATHLEEN
Address: 10317 BALTUSROL PLACE
City-St-Zip: BRADENTON, FL 34202

Title: D () Delete
Name: CURD, HOWARD R
Address: 1111 RITZ CARLTON DRIVE, UNIT 1703
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL J SCHAEFER

PST

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date