2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N04000007963

Apr 22, 2009 Secretary of State

Entity Name: BAYVIEW CONDOMINIUMS CLEARWATER ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

BAYVIEW CONDO CLW. ASSOC. 700 N OSCEOLA AVE CLEARWATER, FL 33755

Current Mailing Address: New Mailing Address:

C/O RICHARD C. COMMONS, P.A.

901 N HERCULES AVENUE SUITE A

CLEARWATER, FL 33765

C/O CITADEL MANAGEMENT
40347 US 19 N, STE 229
TARPON SPRINGS, FL 34689

FEI Number: 86-1114672 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

DAKE, RICHARD
700 N OSCEOLA AVE
40347 US 19 N
#3
229

CLEARWATER, FL 33755 US TARPON SPRINGS, FL 34689 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: JIM RANALLO, LCAM 04/22/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 ZUZGA, MELNDA M
 Name:
 ZUZGA, MELINDA M

Address: 700 N. OSCEOLA AVE. #701 Address: 700 N. OSCEOLA AVE. #701
City-St-Zip: CLEARWATER, FL 33755 City-St-Zip: CLEARWATER, FL 33755

Title: T () Delete Title: () Change () Addition

 Name:
 BRINSTER, KATHY
 Name:

 Address:
 700 N. OSCEOLA AVE. #506
 Address:

 City-St-Zip:
 CLEARWATER, FL 33755
 City-St-Zip:

Title: S () Delete Title: () Change () Addition

 Name:
 KULACH, DAN
 Name:

 Address:
 700 N. OSCEOLA AVE. #403
 Address:

 City-St-Zip:
 CLEARWATER, FL 33755
 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: JIM RANALLO, LCAM AGNT 04/22/2009