

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000009084

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** BAYOU MEDICAL PLAZA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

9015 BELCHER ROAD  
PINELLAS PARK, FL 33782

**New Principal Place of Business:**

**Current Mailing Address:**

9015 BELCHER ROAD  
PINELLAS PARK, FL 33782

**New Mailing Address:**

**FEI Number:** 20-1913411

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARIAS, ERIC D  
9015 BELCHER ROAD  
PINELLAS PARK, FL 33782 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:** D  
**Name:** ARIAS, ERIC D  
**Address:** 9015 BELCHER ROAD  
**City-St-Zip:** PINELLAS PARK, FL 33782 US

**Title:** O  
**Name:** CARTER, JACK  
**Address:** 9005 BELCHER ROAD  
**City-St-Zip:** PINELLAS PARK, FL 33782 US

**Title:** MGR  
**Name:** ARIAS, ROCHELLE E  
**Address:** 9015 BELCHER ROAD  
**City-St-Zip:** PINELLAS PARK, FL 33782

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:** ROCHELLE E ARIAS

MGR

04/28/2011

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

\_\_\_\_\_  
Date