


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90166 029 ****61.25

DOCUMENT # N05000003654	
1. Entity Name BAY AREA ASSOCIATION OF REALTISTS, INC.	

Principal Place of Business 105 E. ROBERTSON STREET BRANDON, FL 33511 US	Mailing Address 105 E. ROBERTSON STREET BRANDON, FL 33511 US
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2. Principal Place of Business 3824 W. Sligh Ave Suite, Apt. #, etc.	3. Mailing Address 3824 W. Sligh Ave Suite, Apt. #, etc.
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City & State Tampa, FL Zip 33614 Country USA	City & State Tampa, FL Zip 33614 Country USA
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04212006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent FISHER, HERBERT 105 E. ROBERTSON STREET BRANDON, FL 33511	7. Name and Address of New Registered Agent Name: Vernell D. Savage Street Address (P.O. Box Number is Not Acceptable): 3824 W. Sligh Ave City: Tampa FL Zip Code: 33614
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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: Vernell D. Savage Vernell D. Savage 4/26/2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME FISHER, HERBERT STREET ADDRESS 105 E. ROBERTSON STREET CITY-ST-ZIP BRANDON, FL 33511	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME THOMPSON, ANN R STREET ADDRESS 14502 N. DALE MABRY HWY, SUITE 200 CITY-ST-ZIP TAMPA, FL 33618	<input type="checkbox"/> Delete	TITLE P NAME Thompson, Ann R. STREET ADDRESS 3824 W. Sligh Ave CITY-ST-ZIP Tampa, FL 33614	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME BESLEY, GLORIA J STREET ADDRESS 1077 NORMANDY TRACE RD. CITY-ST-ZIP TAMPA, FL 33602	<input checked="" type="checkbox"/> Delete	TITLE S NAME Campbell, Ida W. STREET ADDRESS 10008 Park Place Ave CITY-ST-ZIP Riverview, FL 33569	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE T NAME SINGLETON, DELORIS STREET ADDRESS 3302 DELEUIL AVENUE CITY-ST-ZIP TAMPA, FL 33610	<input checked="" type="checkbox"/> Delete	TITLE T NAME Savage, Vernell D. STREET ADDRESS 3824 W. Sligh Ave. CITY-ST-ZIP Tampa, FL 33614	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE VP NAME Mason, Jr., Willie R. STREET ADDRESS 350 W. Hillsborough Ave CITY-ST-ZIP Tampa, FL 33604	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Vernell D. Savage Vernell D. Savage 4/26/2006 813-843-2641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #