

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005044

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: BAY COMMERCIAL CENTER OWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

304 S. HARBOR CITY BOULEVARD  
SUITE 201  
MELBOURNE, FL 32901

## New Principal Place of Business:

304 S. HARBOR CITY BOULEVARD  
SUITE 201  
MELBOURNE, FL 32901 US

## Current Mailing Address:

304 S. HARBOR CITY BOULEVARD  
SUITE 201  
MELBOURNE, FL 32901

## New Mailing Address:

304 S. HARBOR CITY BOULEVARD  
SUITE 201  
MELBOURNE, FL 32901 US

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DETTMER, DALE A  
304 S. HARBOR CITY BOULEVARD  
SUITE 201  
MELBOURNE, FL 32901 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: DP ( ) Delete  
Name: DETTMER, DALE A  
Address: 304 S. HARBOR CITY BOULEVARD, SUITE 201  
City-St-Zip: MELBOURNE, FL 32901

Title: DV ( ) Delete  
Name: AUST, ALAN  
Address: P.O. BOX 361235  
City-St-Zip: MELBOURNE, FL 32936

Title: DST ( ) Delete  
Name: SHOTWELL, KATHI A  
Address: 304 S. HARBOR CITY BOULEVARD, SUITE 201  
City-St-Zip: MELBOURNE, FL 32901

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: DETTMER, DALE A  
Address: 304 S. HARBOR CITY BOULEVARD, SUITE 201  
City-St-Zip: MELBOURNE, FL 32901 US

Title: DV (X) Change ( ) Addition  
Name: AUST, ALAN  
Address: P.O. BOX 361235  
City-St-Zip: MELBOURNE, FL 32936 US

Title: DST (X) Change ( ) Addition  
Name: SHOTWELL, KATHI A  
Address: 304 S. HARBOR CITY BOULEVARD, SUITE 201  
City-St-Zip: MELBOURNE, FL 32901 US

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: DALE A. DETTMER

DP

01/14/2009

Electronic Signature of Signing Officer or Director

Date