

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Nov 21, 2008
Secretary of State**

DOCUMENT# N05000005431

Entity Name: BLACKSTONE AT BAY PARK HOMEOWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**9887 FOURTH STREET NORTH
SUITE 301
ST. PETERSBURG, FL 33702**New Principal Place of Business:**C/O REALMANAGE
4902 EISENHOWER BLVD, SUITE 216
TAMPA, FL 33634**Current Mailing Address:**9887 FOURTH STREET NORTH
SUITE 301
ST. PETERSBURG, FL 33702**New Mailing Address:**C/O REALMANAGE
4902 EISENHOWER BLVD, SUITE 216
TAMPA, FL 33634 63

FEI Number: 20-3907809

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:**WADE MYERS, REALMANAGE,LLC
ONE PRESIDENT PLAZA
4902 EISENHOWER BLVD, SUITE 216
TAMPA, FL 33634 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: WADE MYERS

11/21/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PD () Delete
Name: BLOSSOM, JASON
Address: 9887 FOURTH STREET NORTH #301
City-St-Zip: ST PETERSBURG, FL 33702Title: PD (X) Change () Addition
Name: LINDSEY, BETTY
Address: 4902 EISENHOWER BLVD, SUITE 216
City-St-Zip: TAMPA, FL 33634Title: VD () Delete
Name: CARIE, SHANNON
Address: 9887 FOURTH STREET NORTH #301
City-St-Zip: ST PETERSBURG, FL 33702Title: VD (X) Change () Addition
Name: VIDAL, GHISLAINE
Address: 4902 EISENHOWER BLVD, SUITE 216
City-St-Zip: TAMPA, FL 33634Title: STD () Delete
Name: VIDAL, GHISLAINE
Address: 9887 FOURTH STREET NORTH #301
City-St-Zip: ST PETERSBURG, FL 33702Title: STD (X) Change () Addition
Name: CHIECO, VINCENT
Address: 4902 EISENHOWER BLVD, SUITE 216
City-St-Zip: TAMPA, FL 33634

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: BETTY LINDSEY

PD

11/21/2008

Electronic Signature of Signing Officer or Director

Date