

**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 33702

Title: PD (X) Change ( ) Addition  
Name: LINDSEY, BETTY  
Address: 4902 EISENHOWER BLVD, SUITE 216  
City-St-Zip: TAMPA, FL 33634

Title: VD ( ) Delete  
Name: CARIE, SHANNON  
Address: 9887 FOURTH STREET NORTH #301  
City-St-Zip: ST PETERSBURG, FL 33702

Title: VD (X) Change ( ) Addition  
Name: VIDAL, GHISLAINE  
Address: 4902 EISENHOWER BLVD, SUITE 216  
City-St-Zip: TAMPA, FL 33634

Title: STD ( ) Delete  
Name: VIDAL, GHISLAINE  
Address: 9887 FOURTH STREET NORTH #301  
City-St-Zip: ST PETERSBURG, FL 33702

Title: 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