

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 20, 2009  
Secretary of State**

DOCUMENT# N05000005431

Entity Name: BLACKSTONE AT BAY PARK HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O REALMANAGE  
4902 EISENHOWER BLVD, SUITE 216  
TAMPA, FL 33634

**New Principal Place of Business:**

**Current Mailing Address:**

C/O REALMANAGE  
4902 EISENHOWER BLVD, SUITE 216  
TAMPA, FL 33634 63

**New Mailing Address:**

FEI Number: 20-3907809      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WADE MYERS, REALMANAGE,LLC  
ONE PRESIDENT PLAZA  
4902 EISENHOWER BLVD, SUITE 216  
TAMPA, FL 33634 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: PD ( ) Delete  
Name: LINDSEY, BETTY  
Address: 4902 EISENHOWER BLVD, SUITE 216  
City-St-Zip: TAMPA, FL 33634

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

Title: STD ( ) Delete  
Name: CHIECO, VINCENT  
Address: 4902 EISENHOWER BLVD, SUITE 216  
City-St-Zip: TAMPA, FL 33634

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

01/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date