

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000006484

**FILED**  
**Apr 13, 2010**  
**Secretary of State**

**Entity Name:** BLIND PASS VILLAS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

9030 BLIND PASS RD  
ST. PETE BEACH, FL 33706

**New Principal Place of Business:**

**Current Mailing Address:**

7925 CAUSEWAY BLVD N  
ST. PETERSBURG, FL 33707

**New Mailing Address:**

P. O. BOX 1624  
PALM HARBOR, FL 34682

**FEI Number:** 20-3394034

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOCKHART, WENDY L  
7925 CAUSEWAY BLVD N  
ST. PETERSBURG, FL 33707 US

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

SPRIGGS, DOROTHY  
2821 A SHERBROOKE LN  
PALM HARBOR, FL 34684 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: DOROTHY SPRIGGS

04/13/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: PAULEY, RICHARD  
Address: 1344 GREAT OAK DR  
City-St-Zip: CLEARWATER, FL 33764

Title: DV  
Name: LOCKHART, WENDY  
Address: 7925 CAUSEWAY BLVD N  
City-St-Zip: ST. PETERSBURG, FL 33707

Title: S/T  
Name: PELTZ, DOUGLAS  
Address: P. O. BOX 6720  
City-St-Zip: OZONA, FL 34660

I hereby 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 all other like empowered.

SIGNATURE: RICHARD PAULEY

PD

04/13/2010

Electronic Signature of Signing Officer or Director

Date