

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007802

FILED
Feb 05, 2009
Secretary of State

Entity Name: BAY VILLAS CONDOMINIUM ASSOCIATION OF ST. PETERSBURG, INC.

Current Principal Place of Business:

125 5TH AVE N.E.
ST PETERSBURG, FL 33715 US

New Principal Place of Business:

Current Mailing Address:

5901 SUN BLVD
203
ST PETERSBURG, FL 33715 US

New Mailing Address:

FEI Number: 20-3655198 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PBM
5901 SUN BLVD
203
ST PETERSBURG, FL 33715 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: VD () Delete
Name: PLUMMER, MICHAEL
Address: 125 5TH AVENUE NE #370
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: PD (X) Delete
Name: RICE, LANA
Address: 125 5TH AVENUE NE #240
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: TD () Delete
Name: BROWN, MILDRED
Address: 5801 LEELAND STREET S
City-St-Zip: ST. PETERSBURG, FL 33715 US

Title: SD () Delete
Name: SCHWENDE, SANDIE
Address: 125 5 AVE NE #210
City-St-Zip: SAINT PETERSBURG, FL 33701 US

Title: D () Delete
Name: CLARK, MALISSA
Address: 125 5 AVE NE
City-St-Zip: SAINT PETERSBURG, FL 33701 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PLUMMER, MICHAEL
Address: 125 5TH AVENUE NE #370
City-St-Zip: ST. PETERSBURG, FL 33701 US

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

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

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

Title: VPD (X) Change () Addition
Name: CLARK, MALISSA
Address: 125 5 AVE NE
City-St-Zip: SAINT PETERSBURG, FL 33701 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: WCN

RA

02/05/2009

Electronic Signature of Signing Officer or Director

Date