

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90034 039 ****61.25

DOCUMENT # N05000012233 1. Entity Name THE GALLERY AT BAYPORT CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4175 EAST BAY DRIVE SUITE 205 CLEARWATER, FL 33764			Mailing Address 4175 EAST BAY DRIVE SUITE 205 CLEARWATER, FL 33764		
2. Principal Place of Business - No P.O. Box # WISE PROPERTY MANAGEMENT Suite, Apt. #, etc. 16105 N. FLORIDA AVE., STE A			3. Mailing Address WISE PROP MGMT Suite, Apt. #, etc. 16105 N. FLORIDA AVE.		
City & State LUTZ, FL		City & State LUTZ FL		4. FEI Number 20-3916833	
Zip 33549		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEZER, STEVEN 220 SOUTH FRANKLIN STREET BUSH/ROSS ATTORNEY AT LAW ST. PETERSBURG, FL 33702			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1801 N. HIGHLAND AVE. City TAMPA FL Zip Code 33602		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GREENLEA, BRANDI F 5744 BAYWATER DR TAMPA, FL 33615		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HARPER, JULI 5650 BAYWATER DR TAMPA, FL 33615		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TIERNEY, BARBARA 5650 BAYWATER DR TAMPA, FL 33615		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KEARNEY, LAURA 5682 BAYWATER DR TAMPA, FL 33615		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWERS, JIM 5626 BAYWATER DR TAMPA, FL 33615		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D HARPER, JULI 5706 BAYWATER DR TAMPA, FL 33615		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D KEARNEY, LAURA 5682 BAYWATER DR TAMPA, FL 33615		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Laura A. Kearney</u> LAURA A. KEARNEY 4/12/08 (813) 891-1979 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					