

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012233

FILED
Apr 10, 2009
Secretary of State

Entity Name: THE GALLERY AT BAYPORT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434 STE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

Current Mailing Address:

2180 WEST SR 434 STE 5000
LONGWOOD, FL 327795044

New Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

FEI Number: 20-3916833

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
% SENTRY MANG., INC.
2180 WEST SR 434 STE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 STE 5000
LONGWOOD, FL 327795044 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: JAMES W HART JR

04/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V/D () Delete
Name: HARPER, JULI
Address: 5706 BAYWATER DR.
City-St-Zip: TAMPA, FL 33615

Title: SD () Delete
Name: TIERNEY, BARBARA
Address: 5650 BAYWATER DR
City-St-Zip: TAMPA, FL 33615

Title: P/D () Delete
Name: KEARNEY, LAURA
Address: 5682 BAYWATER DR
City-St-Zip: TAMPA, FL 33615

Title: TD () Delete
Name: STERN, ALAN
Address: 5565 BAYWATER DR
City-St-Zip: TAMPA, FL 33615

Title: D () Delete
Name: PRADO-CURRY, RACHEL
Address: 5636 BAYWATER DR
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: HARPER, JULI
Address: 5706 BAYWATER DR.
City-St-Zip: TAMPA, FL 33615

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

Title: PD (X) Change () Addition
Name: KEARNEY, LAURA
Address: 5682 BAYWATER DR
City-St-Zip: TAMPA, FL 33615

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: LAURA KEARNEY

PD

04/10/2009

Electronic Signature of Signing Officer or Director

Date