


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90110 004 \*\*\*\*61.25

**DOCUMENT # N06000001357**

1. Entity Name  
**BAY STREET VILLAGE RESIDENTIAL CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**333 S TAMiami TRAIL SUITE 101  
 VENICE, FL 34285**

Mailing Address  
**333 S TAMiami TRAIL SUITE 101  
 VENICE, FL 34285**

2. Principal Place of Business - No P.O. Box #  
**333 South Tamiami Trail**

3. Mailing Address  
**333 South Tamiami Trail**

Suite, Apt. #, etc.  
**Suite 203**

Suite, Apt. #, etc.  
**Suite 203**

City & State  
**Venice, FL**


City & State  
**Venice, FL**

Zip  
**34285**

Country  
**US**

Zip  
**34285**

Country  
**US**



04302008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**20-4275108**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PARRISH, JAYNE E  
 333 S TAMiami TRAIL SUITE 101  
 VENICE, FL 34285**

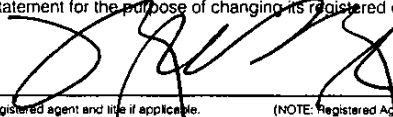
7. Name and Address of New Registered Agent

Name **MICHAEL W. MILLER**

Street Address (P.O. Box Number is Not Acceptable)  
**333 South Tamiami Trail, Suite 203**

City **Venice** State **FL** Zip Code **34285**

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  DATE **5/1/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**Filing Fee is \$61.25  
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

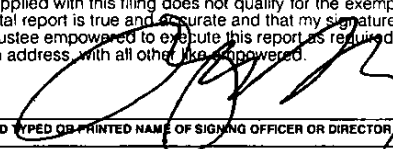
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PARRISH, JAYNE E 333 S TAMiami TRAIL SUITE 101 VENICE, FL 34285	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CONDIT, CLIFF 3335 TOMiami TR. STE. 101 VENICE, FL 34285	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MILLER, MICHAEL E 333 S TAMiami TRAIL SUITE 101 VENICE, FL 34285	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	333 South Tamiami Trail, Suite 203 Venice, FL 34285	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	333 South Tamiami Trail, Suite 203 Venice, FL 34285	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Altman, Robin 333 S. Tamiami Trail, Suite 203 Venice, FL 34285	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  DATE **5/1/08** DAYTIME PHONE # **941-441-1656**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR