

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 01, 2009
Secretary of State**

DOCUMENT# N06000002729

Entity Name: BAY OAKS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4344 LANGLEY AVENUE
MANAGEMENT OFFICE
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

4344 LANGLEY AVENUE
MANAGEMENT OFFICE
PENSACOLA, FL 32504

New Mailing Address:

FEI Number: 20-4510675 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

OSMAN, L. MICHAEL
1474-A WEST 84 STREET
HIALEAH, FL 33014 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: DP () Delete
Name: COSTA, REINALDO E
Address: 6843 MAIN STREET-SUITE 302
City-St-Zip: MIAMI LAKES, FL 33014

Title: DV () Delete
Name: CLENDENIN, MARVIN K
Address: 4344 LANGLEY AVENUE #E-225
City-St-Zip: PENSACOLA, FL 32504

Title: DVS () Delete
Name: OSMAN, L. MICHAEL
Address: 1474-A WEST 84 STREET
City-St-Zip: HIALEAH, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: L MICHAEL OSMAN

VP

05/01/2009

Electronic Signature of Signing Officer or Director

Date