


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

**FILED**  
**Mar 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N06000006240</b>	
1. Entity Name RUNWAY BAYS CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 694 ATLANTICS ROAD UNIT 8 MELBOURNE, FL 32904 US	Mailing Address 694 ATLANTICS ROAD UNIT 8 MELBOURNE, FL 32904 US
---	---



03132008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

PEARCE, DAVID C  
250 RIGGS AVE  
MELBOURNE BEACH, FL 32951

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST PEARCE, DAVID C 250 RIGGS AVENUE MELBOURNE BEACH, FL 32951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEARCE, KAREN C 250 RIGGS AVENUE MELBOURNE BEACH, FL 32951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000268967  
04/09/08-80029-012 61.25

**DO NOT WRITE IN THIS SPACE**

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: Karen Pearce 3/21/08 321-728-1533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #