

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 06, 2009
Secretary of State

DOCUMENT# N06000007664

Entity Name: BAY ISLE KEY CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**11850 DR. MARTIN LUTHER KING JR. ST. NO.
ST. PETERSBURG, FL 33716**New Principal Place of Business:****Current Mailing Address:**11850 DR. MARTIN LUTHER KING JR. ST. NO.
ST. PETERSBURG, FL 33716**New Mailing Address:****FEI Number:** 20-3567361**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ZOM RESIDENTIAL SERVICES, INC.
1950 SUMMIT PART DRIVE
SUITE 300
ORLAND, FL 32810 US**Name and Address of New Registered Agent:**ZOM RESIDENTIAL SERVICES, INC.
1950 SUMMIT PART DRIVE
SUITE 300
ORLANDO, FL 32810 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: _____

08/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COLLINS, LISA
Address: 11850 DR. MARTIN LUTHER KING ST. N
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: P () Delete
Name: RUFFATO, ROBERT H
Address: 150 N WACER DR SUITE 800
City-St-Zip: CHICAGO, IL 60606

Title: ST () Delete
Name: YOUNG, JOSEPH
Address: 150 N WACER DR SUITE 800
City-St-Zip: CHICAGO, IL 60606

Title: MGR (X) Delete
Name: HOUFF, CYNTHIA L
Address: 11850 DR. MARTIN LUTHER KING JR STREET N
City-St-Zip: SAINT PETERSBURG, FL 33716

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/T (X) Change () Addition
Name: COLLINS, LISA
Address: 11850 DR. MARTIN LUTHER KING ST. N
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: P (X) Change () Addition
Name: SWEENEY, WILLIAM
Address: 2325 LAKEVIEW PARKWAY SUITE 600
City-St-Zip: ALPHARETTA, GA 30009

Title: VP/S (X) Change () Addition
Name: FORESTER, ROBERT
Address: 280 PARK AVENUE
City-St-Zip: NEW YORK, NY 10017

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: CYNTHIA HOUFF

MGR

08/06/2009

Electronic Signature of Signing Officer or Director

Date