

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 05, 2008 8:00 am**  
**Secretary of State**

09-05-2008 90003 032 \*\*\*\*61.25

<b>DOCUMENT # N06000009718</b> 1. Entity Name <b>BAYBORO TOWER CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>210 FIFTH AVENUE SOUTH ST. PETERSBURG, FL 33701</b>			Mailing Address <b>C/O STERLING MANAGEMENT 2870 SCHERER DR, SUITE 100 ST. PETERSBURG, FL 33716</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>WATERBURY, J. MARK 150 SECOND AVENUE, NORTH SUITE 770 ST. PETERSBURG, FL 33701</b>			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SAMUELS, SCOTT</b>		NAME		
STREET ADDRESS	<b>150 SECOND AVENUE NORTH, SUITE 770</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>ST. PETERSBURG, FL 33701</b>		CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WATERBURY, J. MARK</b>		NAME		
STREET ADDRESS	<b>150 SECOND AVENUE NORTH, SUITE 770</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>ST. PETERSBURG, FL 33701</b>		CITY - ST - ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>STEELE, TIMOTHY</b>		NAME		
STREET ADDRESS	<b>150 SECOND AVENUE NORTH, SUITE 770</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>ST. PETERSBURG, FL 33701</b>		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<i>Sue Heron</i>		NAME	<i>Sue Heron</i>	
STREET ADDRESS			STREET ADDRESS	<i>6495 Debbie Ln S.</i>	
CITY - ST - ZIP			CITY - ST - ZIP	<i>50 Pasadena, FL 33707</i>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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.					
<b>SIGNATURE:</b> <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<i>8/26/08</i> <b>727-299-9555</b> <small>Date Daytime Phone #</small>		