

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009746

FILED
Mar 25, 2009
Secretary of State

Entity Name: BLIND PASS LAGOONS MAINTENANCE ASSOCIATION, INC.

Current Principal Place of Business:

C/O LAMONT MANAGEMENT, INC.
250 104TH AVE
TREASURE ISLAND, FL 337064846

New Principal Place of Business:

Current Mailing Address:

C/O LAMONT MANAGEMENT, INC.
250 104TH AVE
TREASURE ISLAND, FL 337064846

New Mailing Address:

FEI Number: 59-0913989

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMONT, SUE H
250 104TH AVENUE
TREASURE ISLAND, FL 33706 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: PD () Delete
Name: MORRIS, GARY
Address: 9805 HARRELL AVE. UNIT 503S
City-St-Zip: TREASURE ISLAND, FL 33706

Title: VD () Delete
Name: SOSS, ROBERT
Address: 9825 HARRELL AVE., UNIT 402
City-St-Zip: TREASURE ISLAND, FL 33706

Title: STD () Delete
Name: FINCH, WILLIAM
Address: 9815 HARRELL AVE., UNIT 402
City-St-Zip: TREASURE ISLAND, FL 33706

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: WILLIAM FINCH

STD

03/25/2009

Electronic Signature of Signing Officer or Director

Date