2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# N06000010979

Entity Name: BAY VILLA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1110 PINELLAS BAYWAY
#207
SAINT PETERSBURG, FL 33715

New Principal Place of Business:

Current Mailing Address:

1110 PINELLAS BAYWAY
#207
SAINT PETERSBURG, FL 33715

New Mailing Address:

FEI Number: 56-2627983 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TIERRA VERDE PROPERTY MGMT.
1110 PINELLAS BAYWAY
#207
SAINT PETERSBURG, FL 33715 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: CRANE, BRAGG
Address: 2032 MASSACHUSETTS AVE N.E.
City-St-Zip: ST. PETERSBURG, FL 33703

Title: VD ( ) Delete
Name: RUDDOCK, KEN
Address: 5002 SHALLOW DRIVE
City-St-Zip: LAND O LAKES, FL 34639

Title: STD ( ) Delete
Name: TINNEY, LINDA
Address: 3316 WEST PEARL AVENUE
City-St-Zip: TAMPA, FL 33611

Title: D ( ) Delete
Name: TERRY, MYRON
Address: 105 SUNSET DR.
City-St-Zip: COCOA BEACH, FL 32931

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:

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: BRAGG CRANE PD 02/03/2009

Electronic Signature of Signing Officer or Director — Date