

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005598

FILED
Apr 29, 2008
Secretary of State

Entity Name: BLIND PASS RESORT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

7901 BLIND PASS RD
ST PETERSBURG, FL 33706

New Principal Place of Business:

7901 BLIND PASS RD
ST PETE BEACH, FL 33706

Current Mailing Address:

7901 BLIND PASS RD
ST PETERSBURG, FL 33706

New Mailing Address:

PO BOX 292531
TAMPA, FL 336872531

FEI Number: 20-4141721

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARSENAULT, KENNETH G JR
10225 ULMERTON RD
STE 2
LARGO, FL 33771 US

Name and Address of New Registered Agent:

GIOMBETTI, THOMAS A
8515 ALEXANDRA ARBOR LANE
TEMPLE TERRACE, FL 33637 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: THOMAS A GIOMBETTI

04/29/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GIOMBETTI, THOMAS A
Address: P O BOX 292531
City-St-Zip: TEMPLE TERRACE, FL 33687

Title: VPD () Delete
Name: ZIETH, RANDALL L
Address: W3133 ORCHARD AVE
City-St-Zip: GREEN LAKE, WI 54941

Title: STD () Delete
Name: DUZINSKE, ROBERT D
Address: N8747 N DOUGLAS ST
City-St-Zip: RIPON, WI 54971

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GIOMBETTI, THOMAS A
Address: P O BOX 292531
City-St-Zip: TEMPLE TERRACE, FL 336872531

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: THOMAS A. GIOMBETTI

PD

04/29/2008

Electronic Signature of Signing Officer or Director

Date