2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# N07000005598

Entity Name: BLIND PASS RESORT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

7901 BLIND PASS RD
ST PETE BEACH, FL 33706

New Principal Place of Business:

Current Mailing Address:

PO BOX 292531
TAMPA, FL 336872531

New Mailing Address:

FEI Number: 20-4141721 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GIOMBETTI, THOMAS A
8515 ALEXANDRA ARBOR LANE
TEMPLE TERRACE, FL 33637 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:	GIOMBETTI, THOMAS A	
Address:	P O BOX 292531	
City-St-Zip:	TEMPLE TERRACE, FL 336872531	
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:	( ) 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: THOMAS A. GIOMBETTI PD 01/30/2009

Electronic Signature of Signing Officer or Director — Date