2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

08 JUL 10 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07000006197

1. Entity Name
THE GALLERY AT BAYPORT II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1745 SHEA CENTER DR SUITE 200 LITTLETON, CO 80129	1745 SHEA CENTER DR SUITE 200 LITTLETON, CO 80129

02292008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. 5430 LBJ FREEWAY, #1250
City & State	City & State DALLAS, TX
Zip / Country	Zip 75240 / Country

4. FEI Number 26-2324041 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SOLLNER, RICHARD H ESQ 101 E KENNEDY BLVD SUITE 2700 TAMPA, FL 33602	Name: KIRK BLISS Street: CMC 4175 East Bay Dr., Suite 205 City: Clearwater, FL 33764 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 Kirk Bliss Kirk Bliss 6/27/08 4/08/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST BELL, ERIC 1745 SHEA CENTER DR SUITE 200 LITTLETON, CO 80129	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 05/02/08 01003 022 #61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BELL, ERIC 1745 SHEA CENTER DR SUITE 200 LITTLETON, CO 80129	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALKER, DOUG 1745 SHEA CENTER DR SUITE 200 LITTLETON, CO 80129	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT S. DOUGLAS WALKER 1745 SHEA CENTER DR., SUITE 200 LITTLETON, CO. 80129 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, DAVID 1745 SHEA CENTER DR SUITE 200 LITTLETON, CO 80129	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT DAVID WILLIAMS UDR, THREE LINCOLN CENTRE SUITE #250 5430 LBJ FREEWAY, DALLAS, TX 75240 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY-TREASURER PRISCILLA W. BUSHE UDR, THREE LINCOLN CENTRE 5430 LBJ FREEWAY, SUITE 1250 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DALLAS, TX. 75240 ☐ Change ☐ Addition

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.

SIGNATURE: S. Douglas Walker 4/1/08 972-716-3562
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KS