

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008611

FILED
Apr 22, 2009
Secretary of State

Entity Name: BAY CREST PARK CIVIC ASSOCIATION INC

Current Principal Place of Business:

4728 TRAVERTINE DRIVE
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

4728 TRAVERTINE DRIVE
TAMPA, FL 33615

New Mailing Address:

FEI Number: 26-3444283

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILAS, JULI
4728 TRAVERTINE DRIVE
TAMPA, FL 33615 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: P () Delete
Name: MILAS, JULI
Address: 4728 TRAVERTINE DRIVE
City-St-Zip: TAMPA, FL 33615

Title: SEC () Delete
Name: SHELL, THERESA
Address: 4615 BAY CREST DRIVE
City-St-Zip: TAMPA, FL 33615

Title: TRES () Delete
Name: LEIMBACH, GIL
Address: 4807 BAY CREST DRIVE
City-St-Zip: TAMPA, FL 33615

Title: D () Delete
Name: COFFMAN, NORM
Address: 8703 HICKORYWOOD DRIVE
City-St-Zip: TAMPA, FL 33615

Title: D () Delete
Name: DEVNEY, TOM
Address: 8414 BOXWOOD DR
City-St-Zip: TAMPA, FL 33615

Title: D () Delete
Name: KRUPSKI, CHET
Address: 5006 GILBERT AVENUE
City-St-Zip: TAMPA, FL 33615

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:

Title: D (X) Change () Addition
Name: MILAS, GENE
Address: 4728 TRAVERTINE DR
City-St-Zip: TAMPA, FL 33615

Title: VP (X) Change () Addition
Name: MAY, DAVID
Address: 8401 LOPEZ DRIVE
City-St-Zip: TAMPA, FL 33615

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: JULI MILAS

PRE

04/22/2009

Electronic Signature of Signing Officer or Director

Date