

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011142

FILED
Apr 30, 2009
Secretary of State

Entity Name: BAYWAY OFFICE MASTER ASSOCIATION, INC.

Current Principal Place of Business:

1409 KINGSLEY AVE., #2
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

1409 KINGSLEY AVE., #2
ORANGE PARK, FL 32073

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMON, BERT C
1660 PRUDENTIAL DR., SUITE 203
JACKSONVILLE, FL 32207 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: MUYRES, DAVID
Address: 1409 KINGSLEY AVE., #2
City-St-Zip: ORANGE PARK, FL 32073

Title: VD () Delete
Name: HARRIS, STUART I
Address: P. O. BOX 2426
City-St-Zip: ORANGE PARK, FL 32067

Title: STD () Delete
Name: VAN WINKEL, ROBERT
Address: 1409 KINGSLEY AVE., #2
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Delete
Name: ALVAREZ, CELINA R
Address: P. O. BOX 2426
City-St-Zip: ORANGE PARK, FL 32067

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: STUART I. HARRIS

VD

04/30/2009

Electronic Signature of Signing Officer or Director

Date