## **2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Feb 22, 2007 8:00 am Secretary of State

02-22-2007 90016 007 \*\*\*\*61.25

## DOCUMENT # N13608

1. Entity Name BAY ISLAND MARINA ASSOCIATION, INC.



C/O BERNSTEIN, HARVEY S. 200			ailing Address 000 DOLPHIN BLVD. SOUTH T. PETERSBERG, FL 33707-3812		023020	II BIBIK BIBIK BIBIK BIBIK BIBIK	FINIADI EL IZBI	
2. Principal Place of Business - No P.O. Box # 3. M		3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01102007	Chg-NP	CR2E037 (12/06	)	
City & State		City & State		4. FÉI Numb 59-267		78 Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate	of Status Desired	□ \$8.75 A Fee Requ	dditional	
6. Name and Address of Current Registere		gistered Agent	· T	7. Name and	7. Name and Address of New Registered Agent			
			Name					
BERNSTEIN, HARVEY S. 2000 DOLPHIN BLVD S. SAINT PETERSBURG, FL 33707-3812			Street A	Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Ci	ode	
8. The above the obligat	e named entity submits this statement for th tions of registered agent.	e purpose of changing its	registered office or	registered agent, or bo	th, in the State of Fl		h, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NOT	E Registered Agent signati	ure required when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution.			lake check payable		
10. OFFICERS AND DIRECTORS		CTORS	11.	ADDITIONS/CH	ANGES TO DEFICE	ERS AND DIRECTORS	IN 10	
TITLE	PD							
NAME	GALIARDO, TONY	Delete	IIILE SUSSE	PARS - JIM		Change	Addition	
_	., .		NAME	7645 80	N ISLAND DR	5 410C		
STREET ADDRESS	, , , , , , , , , , , , , , , , , , , ,		STREET ADDRESS	Ch Pasa and To annon 11123		ì		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33707				- FL 33	104-4432		
TITLE	S	<b>▼</b> Delete	TITLE	584 - CALL	WOHI	☐ Change	Addition	
NAME	SNARE, RICHARD	, ,	NAME	71- 07/1	C. 11 12 18	DR H DAI	_	
STREET ADDRESS	7910 SUN ISLAND DR #105		STREET ADDRESS	SEC - GAIL WOHL Change PAddition SS 7300 SUN ISLAND DR # 206				
CITY-ST-ZIP	SAINT PETERSBURG, FL 33707		CITY-ST-ZIP	SO PASADINA FL 33709				
TITLE	T	☐ Delete	TITLE			☐ Change	Addition	
NAME	BERNSTEIN, HARVEY S.	□ Delete	NAME			<u> —</u> спанус	Audition	
STREET ADDRESS	2000 DOLPHIN BLVD S.		STREET ADDRESS				ĺ	
CITY-ST-ZIP	SAINT PETERSBURG, FL 3370738	312	CITY-SI-ZIP					
TITLE	VP							
NAME	BRICKMEIER, ART	☐ Delete	TITLE			☐ Change	Addition	
STREET ADDRESS	DISTORVILLEN, AIT		NAME				1	
STREET NUMBESS	TREE CLINICIAND DO 4969		ATREET ARRESON					
CITY OF TIP	7665 SUN ISLAND DR. #353		STREET ADDRESS					
CITY-ST-ZIP	7665 SUN ISLAND DR. #353 S. PASADENA, FL 33707		STREET ADDRESS CITY-S1-ZIP					
TITLE		☐ Delete				☐ Change	e 🔲 Addition	
		☐ Delete	CITY-ST-ZIP			☐ Change	Addition	
TITLE		☐ Delete	CITY-S1-ZIP TITLE			☐ Change	Addition	
TITLE NAME		□ Delete	CITY-SI-ZIP TITLE NAME			☐ Change	e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			CITY-S1-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE					

12. I hereby certify that the information supplied with this filling 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: \_

Sineth SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 01 Date

Daytime Phone #