


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90030 045 ****61.25

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| DOCUMENT # N28649 |  |
| 1. Entity Name BAY VISTA BOULEVARD ASSOCIATION, INC. | |

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| Principal Place of Business C/O DAVID A. DUNKIN 170 WEST DEARBORN STREET ENGLEWOOD, FL 34223 | Mailing Address C/O DAVID A. DUNKIN 170 WEST DEARBORN STREET ENGLEWOOD, FL 34223 |
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DO NOT WRITE IN THIS SPACE

01032008 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 65-0096900 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**DUNKIN, DAVID A.
170 WEST DEARBORN STREET
ENGLEWOOD, FL 34223**

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IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

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| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MORGAN, BRYON 1136 OSCEOLA BLVD. ENGLEWOOD, FL 34223 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD LONG, CAROLYN 966 BAY VISTA BLVD. ENGLEWOOD, FL 34223 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MORGAN, JOANNE 1136 OSCEOLA BLVD ENGLEWOOD, FL 34223 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD TRAHAN, ANNE 1050 MONTANA ABE ENGLEWOOD, FL 34223 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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: Anne M Trahan **2-19-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #