

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29810

FILED  
Apr 09, 2009  
Secretary of State

**Entity Name:** EGYPT LAKE BEACH CLUB CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

EGYPT LAKE BEACBAY AREA MANAGEMENT SERVICE  
3127 W SLIGH AVENUE  
TAMPA, FL 33614 US

**New Principal Place of Business:**

**Current Mailing Address:**

620 BYPASS DRIVE  
CLEARWATER, FL 33764 US

**New Mailing Address:**

**FEI Number:** 59-2949777

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PANAGROSSI, GERALD  
620 BYPASS DRIVE  
CLEARWATER, FL 33764 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: TD ( ) Delete  
Name: PEREZ, FRANK III  
Address: 3127 W. SLIGH AVE., 101A  
City-St-Zip: TAMPA, FL 33614

Title: PD ( ) Delete  
Name: BLENDENHOFER, MAUREEN  
Address: 3127 W SLIGH AVE., 301A  
City-St-Zip: TAMPA, FL 33614

Title: SD ( ) Delete  
Name: FOLEY, THOMAS  
Address: 3127 W SLIGH AVE 102A  
City-St-Zip: TAMPA, FL 33614

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TD (X) Change ( ) Addition  
Name: BLENDENHOFER, MARLENE  
Address: 3127 W. SLIGH AVE., 301A  
City-St-Zip: TAMPA, FL 33614

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: LOONEY, KATHLEEN  
Address: 3127 W SLIGH AVE 101C  
City-St-Zip: TAMPA, FL 33614

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: GERALD T. PANAGROSSI

LCAM

04/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date