

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N35985

1. Entity Name
DISABLED AMERICAN VETERANS AUXILIARY BAY
PINES HOLIDAY ISLES #13, INC.



40111880

Principal Place of Business
4801 37TH STREET N.
SAINT PETERSBURG, FL 33714

MAILING ADDRESS TO:
Ms. Dorothy Miller
10761 Clara Ln.
St. Petersburg, FL 33708



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07082008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
23-7331174

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, DOROTHY (DOTTY)
10751 CLARA LANE
ST. PETERSBURG, FL 33708

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTED Registered Agent signature required when reappointing)

7-15-08
DATE

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CMDR
NAME ROBINSON, MARGARET ☒ Delete
STREET ADDRESS 120 PARK BLVD
CITY-ST-ZIP SEMINOLE, FL 33772

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE SRV
NAME BREWER, LORRAINE ☒ Delete
STREET ADDRESS 6399 SHORELINE DR #4-304
CITY-ST-ZIP SAINT PETERSBURG, FL 33708

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE JRV
NAME BACHMAN, MARY ☒ Delete
STREET ADDRESS 3931 90TH TERRACE NORTH
CITY-ST-ZIP PINELLAS PARK, FL 33782

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE SDA
NAME MILLER, DOROTHY D ☐ Delete
STREET ADDRESS 10761 CLARA LANE
CITY-ST-ZIP ST PETERSBURG, FL 33708

TITLE
NAME SAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME REESE, VIVIAN ☐ Delete
STREET ADDRESS 8788 118TH WAY N
CITY-ST-ZIP SEMINOLE, FL 33772

TITLE
NAME SAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE VDC
NAME DELVAUX, RUTH ☒ Delete
STREET ADDRESS 6978 46TH AVE N. #112
CITY-ST-ZIP SAINT PETERSBURG, FL 33709

TITLE
NAME CHAPMAN
STREET ADDRESS LOIS PETRU
CITY-ST-ZIP 9218 MISSION OAKS BLVD
SEMINOLE FLA. 33776 ☒ Change ☐ Addition

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 817, 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: Dorothy (Dotty) Miller *Dorothy (Dotty) Miller* 727-391-6375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 7-15-08 Daytime Phone #