

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39682

FILED
Apr 21, 2009
Secretary of State

Entity Name: BAY ARISTOCRAT VILLAGE, INC.

Current Principal Place of Business:

18675 US 19 N
CLEARWATER, FL 33764 US

New Principal Place of Business:

Current Mailing Address:

18675 US 19 N
CLEARWATER, FL 33764 US

New Mailing Address:

FEI Number: 59-2513552

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMEAU, WILLIAM A
18675 US 19 NORTH
BUSINESS OFFICE
CLEARWATER, FL 33764 US

Name and Address of New Registered Agent:

REINHARDT, DEBRA
7300 PARK STREET
SEMINOLE, FL 33777 US

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: DEBRA REINHARDT

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RANDALL, SARA
Address: 18675 US HWY 19 N, # 269
City-St-Zip: CLEARWATER, FL 33764

Title: TD () Delete
Name: PITTMAN, ALAN
Address: 18675 US HWY 19 N, 218
City-St-Zip: CLEARWATER, FL 33764

Title: DS () Delete
Name: CARR, DONALD
Address: 18675 US HWY 19 N, 426
City-St-Zip: CLEARWATER, FL 33764

Title: PD () Delete
Name: COMEAU, WILLIAM A
Address: 18675 US HWY 19 N, # 153
City-St-Zip: CLEARWATER, FL 33764

Title: D () Delete
Name: RIEDEL, GERALD
Address: 18675 US HWY 19 N, #437
City-St-Zip: CLEARWATER, FL 33764

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:

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: WILLIAM COMEAU

PD

04/21/2009

Electronic Signature of Signing Officer or Director

Date