


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

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

01-22-2007 90083 023 \*\*\*\*61.25

DOCUMENT # N39902 1. Entity Name BAY ISLES ROAD ASSOCIATION, INC.	
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Principal Place of Business HANKIN, PERSSON, ET AL 1820 RINGLING BLVD SARASOTA, FL 34236 US	Mailing Address DAVID P. PERSSON 1820 RINGLING BLVD SARASOTA, FL 34236 US
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**DO NOT WRITE IN THIS SPACE**

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01122007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0251487	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

PERSSON, DAVID P.  
HANKIN, PERSSON, ET AL  
1820 RINGLING BLVD  
SARASOTA, FL 34236

**DO NOT WRITE IN THIS SPACE**

I, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PERSSON, DAVID P. 1820 RINGLING BLVD SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHEELER, EDWIN A 563 BAY ISLES ROAD LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FLORENSA, JUAN J 600 GENERAL HARRIS ST. LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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:**  **1/12/07** (941) 316-1988  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #