

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50231

FILED  
Apr 08, 2009  
Secretary of State

**Entity Name:** BAY ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

6000 GULFPORT BLVD  
GULFPORT, FL 33707 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O DAVID C HASTINGS CPA PA  
2207 54TH STREET S  
GULFPORT, FL 33707 US

**New Mailing Address:**

**FEI Number:** 59-3174328      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

REINHARDT, DEBRA  
C/O RESOURCE PROPERTY MGMT  
7300 PARK ST.  
SEMINOLE, FL 33777 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: PD ( ) Delete  
Name: HASTINGS, DAVID  
Address: 2207 54TH STREET S  
City-St-Zip: GULFPORT, FL 33707

Title: TD ( ) Delete  
Name: NORTH, JOGAYLE  
Address: 5905 PELICAN BAY PLAZA  
City-St-Zip: GULFPORT, FL 33707

Title: SD ( ) Delete  
Name: HEFNER, BILL  
Address: PO BOX 12023  
City-St-Zip: ST PETERSBURG, FL 33733

**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:

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: DAVID HASTINGS

P

04/08/2009

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

\_\_\_\_\_  
Date