

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 23, 2009
Secretary of State**

DOCUMENT# N93000003581

Entity Name: BAY DRIVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6881 BAY DRIVE
MIAMI BEACH, FL 33141

New Principal Place of Business:

Current Mailing Address:

PO BOX 402336
MIAMI, FL 33140

New Mailing Address:

FEI Number: 65-0686198 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENNETT, JOAN
763 41ST STREET
SUITE C
MIAMI BEACH, FL 33140 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: P/D () Delete
Name: KNAPP, PHILIP
Address: 6881 BAY DRIVE #15
City-St-Zip: MIAMI BEACH, FL 33141

Title: V/D () Delete
Name: ARNOLD, DAVID
Address: 2495 TRAPP AVENUE
City-St-Zip: MIAMI BEACH, FL 33141

Title: T/D () Delete
Name: CARTER, DONNA
Address: 6881 BAY DRIVE #1
City-St-Zip: MIAMI BEACH, FL 33141

Title: S/D () Delete
Name: MORRIS, RUTH
Address: 6881 BAY DRIVE #7
City-St-Zip: MIAMI BEACH, FL 33141

Title: D () Delete
Name: POWELL, STEPHEN
Address: 6881 BAY DRIVE #12
City-St-Zip: MIAMI BEACH, FL 33141

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

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:

Title: SD () Change (X) Addition
Name: MORRIS, RUTH A
Address: 6881 BAY DRIVE #7
City-St-Zip: MIAMI BEACH, FL 33141

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: PHILIP KNAPP

PD

02/23/2009

Electronic Signature of Signing Officer or Director

Date