

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002226

FILED  
Jan 04, 2007  
Secretary of State

Entity Name: BAY AREA REAL ESTATE COUNCIL, INC.

**Current Principal Place of Business:**

9014 BRITTANY WAY  
TAMPA, FL 33619 US

**New Principal Place of Business:**

**Current Mailing Address:**

9014 BRITTANY WAY  
TAMPA, FL 33619 US

**New Mailing Address:**

FEI Number: 59-3376488      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ZELDIN, FELICE  
9014 BRITTANY WAY  
TAMPA, FL 33619 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: D ( ) Delete  
Name: MIRRORINGTON, MICHAEL  
Address: 9014 BRITTANY WAY  
City-St-Zip: TAMPA, FL 33619

Title: PD ( ) Delete  
Name: AHRENS, NICHOLA G  
Address: 11812 N 56TH STREET  
City-St-Zip: TAMPA, FL 33617

Title: VPD ( ) Delete  
Name: WOOD, BRADLEY  
Address: 2639 9TH ST. NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: SD ( ) Delete  
Name: GROVE, UTA S  
Address: ONE PROGRESS PLAZA, SUITE 1210  
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: D ( ) Delete  
Name: GOLSON, WILLIAM  
Address: 1230 S. MYRTLE AVE , SUITE 105  
City-St-Zip: CLEARWATER, FL

Title: D ( ) Delete  
Name: CARTER, DAVID E  
Address: 7419 US HWY 19  
City-St-Zip: NEW PORT RICHEY, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: MIRRORINGTON, MICHAEL  
Address: 9014 BRITTANY WAY  
City-St-Zip: TAMPA, FL 33619 US

Title: PD (X) Change ( ) Addition  
Name: AHRENS, NICHOLA G  
Address: 11812 N 56TH STREET  
City-St-Zip: TAMPA, FL 33617 US

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 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: NICHOLA G AHRENS

P

01/04/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date