

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002226

FILED
Mar 05, 2008
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: MIRRINGTON, MICHAEL
Address: 9014 BRITTANY WAY
City-St-Zip: TAMPA, FL 33619 US

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

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: () 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
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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: NICHOLA G. AHRENS

PD

03/05/2008

Electronic Signature of Signing Officer or Director

_____ Date