2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2009
Secretary of State

DOCUMENT# N97000005675

Entity Name: BAY LAUREL ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2335 9TH ST. N.
505
NAPLES, FL 34103

New Principal Place of Business:

8650 PURSLANE DRIVE
NAPLES, FL 34108

Current Mailing Address:

2335 9TH ST. N.
505
NAPLES, FL 34103

New Mailing Address:

FEI Number: 43-1810232 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GULF VIEW PROPERTY MGMT.
2335 9TH ST. N
SUITE 505
NAPLES, FL 34103 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: VPD ( ) Delete
Name: DAMICO, DARRYL
Address: 1810 J&C BLVD.
City-St-Zip: NAPLES, FL 34109

Title: PD ( ) Delete
Name: SCHILLING, JOHN
Address: 8647 BLUE FLAG WAY
City-St-Zip: NAPLES, FL 34109

Title: STD ( ) Delete
Name: TEAGUE, PAUL
Address: 8696 PURSLANE DRIVE #32
City-St-Zip: NAPLES, FL 34109

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: JOHN SCHILLING PD 03/09/2009

Electronic Signature of Signing Officer or Director — Date