2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# N98000001389

Entity Name: BAYSIDE CONCOURSE ASSOCIATION, INC.

Current Principal Place of Business:

C/O COLLIERS ARNOLD
17757 US HIGHWAY 19 N. #275
CLEARWATER, FL 33772 US

New Principal Place of Business:

Current Mailing Address:

C/O COLLIERS ARNOLD
17757 US HIGHWAY 19 N. #275
CLEARWATER, FL 33772 US

New Mailing Address:

FEI Number: 59-3502711 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, W. LAWRENCE
101 EAST KENNEDY BLVD.
SUITE 3700
TAMPA, FL 33602 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: MOSS, ARLENE
Address: 17757 US HIGHWAY 19 N #275
City-St-Zip: CLEARWATER, FL 33772

Title: VPD ( ) Delete
Name: HARRINGTON, ANDREW
Address: 12945 SEMINOLE BLVD #2 SUITE 1
City-St-Zip: LARGO, FL 33778

Title: STD (X) Delete
Name: UNDERWOOD, DEBBIE
Address: 15550 LIGHTWAVE DR.
City-St-Zip: CLEARWATER, FL 33760

Title: D ( ) Delete
Name: CHANCEY, MITCHELL
Address: 15550 LIGHTWAVE DR.
City-St-Zip: CLEARWATER, FL 34760

Title: D ( ) Delete
Name: ESTES, PATRICIA
Address: 12945 SEMINOLE BLVD BLDG #2, SUITE 1
City-St-Zip: LARGO, FL 33778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LEVINE, LISA
Address: 17757 US HIGHWAY 19 N #275
City-St-Zip: CLEARWATER, FL 33772

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: LORCH, DAN
Address: 15550 LIGHTWAVE DR.
City-St-Zip: CLEARWATER, FL 34760

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: LISA LEVINE P 04/28/2006

Electronic Signature of Signing Officer or Director — Date