

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001585

FILED
Apr 01, 2009
Secretary of State

Entity Name: SALERNO AT BAY COLONY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8930 BAY COLONY DR.
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

8930 BAY COLONY DR.
NAPLES, FL 34108

New Mailing Address:

FEI Number: 59-3499488

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRITTIPP, THOMAS A
8930 BAY COLONY DR.
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

TRITTIPO, THOMAS A MGR
8930 BAY COLONY DR.
NAPLES, FL 34108 US

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: THOMAS A TRITTIPO

04/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: O'ROURKE, MATTHEW
Address: 8930 BAY COLONY DR. #1703
City-St-Zip: NAPLES, FL 34108

Title: P () Delete
Name: DEDIC, RONALD J
Address: 8930 BAY COLONY DR 1502
City-St-Zip: NAPLES, FL 34108

Title: S () Delete
Name: LAVIGNE, GERALD R
Address: 8930 BAY COLONY DR 1403
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: MORTENSEN, PETER
Address: 8930 BAY COLONY DR. #601
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: NEAVOLLS, GERALD K
Address: 8930 BAY COLONY DR 602
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: LAVIGNE, GERALD R
Address: 8930 BAY COLONY DR 1403
City-St-Zip: NAPLES, FL 34108

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

Title: S (X) Change () Addition
Name: NEAVOLLS, GERALD K
Address: 8930 BAY COLONY DR 602
City-St-Zip: NAPLES, FL 34108

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: RONALD J DEDIC

P

04/01/2009

Electronic Signature of Signing Officer or Director

Date