2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 17, 2009
Secretary of State

DOCUMENT# N98000002064

Entity Name: PHILLIPS BAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O ATTWOOD-PHILLIPS INC.
385 DOUGLAS AVENUE #3000
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

C/O ATTWOOD-PHILLIPS INC.
385 DOUGLAS AVENUE #3000
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 59-3554097 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEAN & MALCHOW PA
646 E. COLONIAL DR
ORLANDO, FL 32803 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: VD ( ) Delete
Name: SMYK, MITCH
Address: 7405 CYPRESS GROVE RD
City-St-Zip: ORLANDO, FL 32819

Title: TD ( ) Delete
Name: ANDREWS, MICHAEL
Address: 7601 BAY PORT RD.
City-St-Zip: ORLANDO, FL 32819

Title: SD ( ) Delete
Name: HOLTMAN, DENNIS
Address: 7444 CYPRESS GROVE RD
City-St-Zip: ORLANDO, FL 32819

Title: D ( ) Delete
Name: STRAITON, AL
Address: 7308 CYPRESS GROVE RD
City-St-Zip: ORLANDO, FL 32819

Title: PD ( ) Delete
Name: SKILLING, MARION
Address: 7408 CYPRESS GROVE RD
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change ( ) Addition
Name: LAYFIELD, RICAHRD
Address: 7403 CYPRESS GROVE RD
City-St-Zip: ORLANDO, FL 32819

Title: D (X) Change ( ) Addition
Name: PEREZ, PABLO
Address: 7454 CYPRESS GROVE RD
City-St-Zip: ORLANDO, FL 32819

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: MIKE ANDREWS TD 06/17/2009

Electronic Signature of Signing Officer or Director — Date