# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 21, 2007**
**Secretary of State**

DOCUMENT# N98000004541

**Entity Name:** BAY PINES CONDOMINIUM ASSOCIATION, A CONDOMINIUM, INC.

**Current Principal Place of Business:**

9945 47TH AVE N
SAINT PETERSBURG, FL 33708

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 14357
CLEARWATER, FL 33766

**New Mailing Address:**

**FEI Number: 59-3170929** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

AMERI-TECH REALTY, INC
MICHAEL G. PEREZ, PRESIDENT
1799-B N BELCHER RD
CLEARWATER, FL 33765 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: PRICE, ALMA
Address: 9945 47TH AVE., #110
City-St-Zip: ST. PETERSBURG, FL 33708

Title: VPD ( ) Delete
Name: NOTARO, JIM
Address: 75 GROVELAND ST
City-St-Zip: BUFFALO, NY 14214

Title: TD ( ) Delete
Name: MCMAHON, LARRY
Address: 9945 47TH AVE N #209
City-St-Zip: ST. PETERSBURG, FL 33708

Title: SD ( ) Delete
Name: TOPLAK, FRANK
Address: 9945 47TH AVE N. #202
City-St-Zip: ST. PETERSBURG, FL 33708

Title: D ( ) Delete
Name: MARCOTTE, ROGER
Address: 9945 47TH AVE N. #104
City-St-Zip: SAINT PETERSBURG, FL 33708

**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: D (X) Change ( ) Addition
Name: TOPLAK, FRANK
Address: 9945 47TH AVE N. #202
City-St-Zip: ST. PETERSBURG, FL 33708

Title: TD (X) Change ( ) Addition
Name: MARCOTTE, ROGER
Address: 9945 47TH AVE N. #104
City-St-Zip: SAINT PETERSBURG, FL 33708

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: ALMA PRICE PD 04/21/2007
Electronic Signature of Signing Officer or Director — Date