

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004541

FILED
Apr 01, 2009
Secretary of State

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 ()

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:

AMERI-TECH REALTY, INC
MICHAEL G. PEREZ, PRESIDENT
24701 US HIGHWAY 19 NORTH #102
CLEARWATER, FL 33765 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: MICHAEL G PEREZ, PRESIDENT

04/01/2009

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

Title: TD () 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: () 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: ALMA PRICE

PD

04/01/2009

Electronic Signature of Signing Officer or Director

Date