

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S84359

FILED  
Jan 23, 2009  
Secretary of State

Entity Name: TOP OF THE BAY REALTY, INC.

**Current Principal Place of Business:**

11531 CYPRESS RESERVE DR.  
TAMPA, FL 33626

**New Principal Place of Business:**

**Current Mailing Address:**

11531 CYPRESS RESERVE DR.  
TAMPA, FL 33626

**New Mailing Address:**

FEI Number: 59-3095200

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BROWN SANDRA B  
11531 CYPRESS RESERVE DR  
TAMPA, FL 33626 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BROWN, SANDRA B.,  
Address: 11531 CYPRESS RESERVE DR.  
City-St-Zip: TAMPA, FL 33626

Title: S ( ) Delete  
Name: BROWN, HELEN G.  
Address: 3911 FINCH AVE.  
City-St-Zip: ORLANDO, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA BROWN

PRES

01/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date