

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 731552 (6)

1. Corporation Name
BAY ACRES ESTATES ASSOCIATION



Principal Place of Business: 337 BAY VISTA AVENUE OSPREY FL 34229
Mailing Address: 337 BAY VISTA AVENUE OSPREY FL 34229

3. Date Incorporated or Qualified: 01/04/1975
3a. Date of Last Report: 03/24/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 416 Sarabay Road	26	59-2870211	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 City & State: Osprey, Florida	28 City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip: 34229	25 Country: Sarasota	29 Zip	30 Country
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent KOSANOVICH, TAD 322 SUNSET DRIVE OSPREY FL 34229	81 Name	10. Name and Address of New Registered Agent	
	82 Street Address (P.O. Box Number is Not Acceptable)		
	83		
	84 City	FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Tad Kosanovich* (NOTE: Registered Agent signature required when reinstating) DATE: 2-20-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: TD	NAME: HOUSTON, JAMES L	1.1 TITLE: TD	1.2 NAME: Peggy Jackson
STREET ADDRESS: 337 BAY VISTA AVENUE	CITY-ST-ZIP: OSPREY, FL 00000	1.3 STREET ADDRESS: 416 Sarabay Road	1.4 CITY-ST-ZIP: Osprey, FL 34229
TITLE: SD	NAME: KICHINKO, KERRY	2.1 TITLE:	2.2 NAME:
STREET ADDRESS: 307 SUNSET ROAD	CITY-ST-ZIP: OSPREY FL	2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP:
TITLE: VD	NAME: PUFFER, JANE	3.1 TITLE: VD	3.2 NAME: Bob White
STREET ADDRESS: 520 BAYSHORE DR	CITY-ST-ZIP: OSPREY, FL 00000	3.3 STREET ADDRESS: 612 Bayshore Drive	3.4 CITY-ST-ZIP: Osprey, FL 34229
TITLE: D	NAME: BALLENGER, CHARLES M	4.1 TITLE:	4.2 NAME:
STREET ADDRESS: 618 BAYVIEW AVE	CITY-ST-ZIP: OSPREY, FL 00000	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE: PD	NAME: KOSANOVICH, TAD	5.1 TITLE:	5.2 NAME:
STREET ADDRESS: 322 SUNSET DRIVE	CITY-ST-ZIP: OSPREY FL	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE: D	NAME: GRUELICH, RICHARD G	6.1 TITLE: D	6.2 NAME: Jean MacKellar
STREET ADDRESS: 413 BAYSHORE DR	CITY-ST-ZIP: OSPREY, FL 00000	6.3 STREET ADDRESS: 310 Bayshore Drive	6.4 CITY-ST-ZIP: Osprey, FL 34229

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Peggy A. Jackson* DATE: 2/9/96 941-313-8808

CR2E037 (12/95)