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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 731552

1. Corporation Name

BAY ACRES ESTATES ASSOCIATION

Principal Place of Business

511 BAYSHORE DR  
 OSPREY FL 34229  
 US

Mailing Address

511 BAYSHORE DR  
 OSPREY FL 34229  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

01/04/1975

4. FEI Number

59-2870211

Applied For  
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

KOSANOVICH, TAD  
 322 SUNSET DRIVE  
 OSPREY FL 34229

10. Name and Address of New Registered Agent

81 Name

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE TD  DELETE  
 NAME ZAMORSKI, IRMA L  
 STREET ADDRESS 511 BAYSHORE DR  
 CITY-ST-ZIP OSPREY FL

TITLE SD  DELETE  
 NAME KEITH, SANDY  
 STREET ADDRESS 320 BAY VISTA AVE  
 CITY-ST-ZIP OSPREY FL

TITLE PD  DELETE  
 NAME WHITE, BOB  
 STREET ADDRESS 612 BAYSHORE DRIVE  
 CITY-ST-ZIP OSPREY, FL 00000

TITLE D  DELETE  
 NAME BALLENGER, CHARLES M  
 STREET ADDRESS 618 BAYVIEW AVE  
 CITY-ST-ZIP OSPREY, FL 00000

TITLE D  DELETE  
 NAME KOSANOVICH, TAD  
 STREET ADDRESS 322 SUNSET DRIVE  
 CITY-ST-ZIP OSPREY FL

TITLE VD  DELETE  
 NAME MACKELLAR, JEAN  
 STREET ADDRESS 310 BAYSHORE DRIVE  
 CITY-ST-ZIP OSPREY, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD  Change  Addition  
 1.2 NAME Kosanovich, Tad  
 1.3 STREET ADDRESS 322 Sunset Drive  
 1.4 CITY-ST-ZIP Osprey, FL 34229-9207

2.1 TITLE D  Change  Addition  
 2.2 NAME Puffer, Jane  
 2.3 STREET ADDRESS 520 Bayshore Drive  
 2.4 CITY-ST-ZIP Osprey, FL 34229

3.1 TITLE D  Change  Addition  
 3.2 NAME Eipper, Tom  
 3.3 STREET ADDRESS 423 Bayshore Drive  
 3.4 CITY-ST-ZIP Osprey, FL 34229

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Irma Lee Zamorski* SIGNATURE REQUIRED: Irma Lee Zamorski 2/24/99 941-918-9190  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)