

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90064 009 ****61.25

DOCUMENT # 731552

1. Entity Name

BAY ACRES ESTATES ASSOCIATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

511 BAYSHORE DR
 OSPREY FL 34229
 US

511 BAYSHORE DR
 OSPREY FL 34229-9201
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2870211

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOSANOVICH, TAD
322 SUNSET DRIVE
OSPREY FL 34229

Name

Keith, Sandy

Street Address (P.O. Box Number is Not Acceptable)

320 Bay Vista Ave

City

Osprey

FL

Zip Code

34229

8. 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

Sandy Keith

Sandy Keith, President/Director

2/7/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	KONSANOVICH, TADD	
STREET ADDRESS	322 SUNSET DR	
CITY-ST-ZIP	OSPREY FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KEITH, SANDY	
STREET ADDRESS	320 BAY VISTA AVE	
CITY-ST-ZIP	OSPREY FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WHITE, BOB	
STREET ADDRESS	612 BAYSHORE DRIVE	
CITY-ST-ZIP	OSPREY FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BALLENGER, CHARLES M	
STREET ADDRESS	618 BAYVIEW AVE	
CITY-ST-ZIP	OSPREY FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KOSANOVICH, TAD	
STREET ADDRESS	322 SUNSET DRIVE	
CITY-ST-ZIP	OSPREY FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PUFFER, JANE	
STREET ADDRESS	520 BAYSHORE DR	
CITY-ST-ZIP	OSPREY FL	

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Doughty, Julie	
STREET ADDRESS	356 Bayshore Dr	
CITY-ST-ZIP	Osprey, FL 34229	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Keith, Sandy	
STREET ADDRESS	320 Bay Vista Ave	
CITY-ST-ZIP	Osprey, FL 34229	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Zamorski, MirrasLee	
STREET ADDRESS	511 Bayshore Dr	
CITY-ST-ZIP	Osprey, FL 34229	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Serafino, Marc	
STREET ADDRESS	532 Sarabay Rd	
CITY-ST-ZIP	Osprey, FL 34229	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	White, Charlotte	
STREET ADDRESS	612 Bayshore Dr	
CITY-ST-ZIP	Osprey, FL 34229	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Smith, Douglas	
STREET ADDRESS	606 Bayshore Dr	
CITY-ST-ZIP	Osprey, FL 34229	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MirrasLee Zamorski
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MirrasLee Zamorski **2/7/00**
 Date

941-918-9190
 Daytime Phone #

CR2E037 (9/99)