


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90101 028 ****61.25

DOCUMENT # 731552

1. Entity 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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-2870211**
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**TAD, KOSANOVICH
322 SUNSET RD
OSPREY FL 34229**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	PD KONSANOVICH, TAD	<input type="checkbox"/> Delete
STREET ADDRESS	322 SUNSET RD	
CITY-ST-ZIP	OSPREY FL 34229	
TITLE NAME	D BUCKBEE, CHRIS	<input type="checkbox"/> Delete
STREET ADDRESS	416 SARABAY RD	
CITY-ST-ZIP	OSPREY FL 34229	
TITLE NAME	SD DOUGHTY, JULIE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	356 BAYSHORE DR	
CITY-ST-ZIP	OSPREY FL 34229	
TITLE NAME	TD ZAMORSKI, IRRAL	<input type="checkbox"/> Delete
STREET ADDRESS	511 BAYSHORE DR	
CITY-ST-ZIP	OSPREY FL 34229	
TITLE NAME	D KIVNEY, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	24 BAY AVE	
CITY-ST-ZIP	OSPREY FL 34229	
TITLE NAME	VD WHITE, CHARLOTTE	<input type="checkbox"/> Delete
STREET ADDRESS	612 BAYSHORE DR	
CITY-ST-ZIP	OSPREY FL 34229	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	SD Yarymovych, Lana	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	630 Bayshore Dr	
CITY-ST-ZIP	Osprey, FL 34229	
TITLE NAME	D Serafino, Marc	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	532 Sarabay Rd	
CITY-ST-ZIP	Osprey, FL 34229	
TITLE NAME	D Vealey, Shirley	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	311 Bay Vista Ave	
CITY-ST-ZIP	Osprey, FL 34229	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: *Tad Kosanovich* **SIGNATURE REQUIRED** Zamorski TD 1/29/03 941-918-9190

CR2E037 (10/02)