


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90018 049 ****61.25

DOCUMENT # 753829

1. Entity Name
BAY COVE MANOR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
2505 BAY BLVD., APT 5
INDIAN ROCKS BCH, FL 33785 US


Mailing Address
2505 BAY BLVD., APT 4
INDIAN ROCKS BCH, FL 33785

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country
 Zip
 Country



01042005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2348793

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BOSTON, DAVID
2505 BAY BLVD APT 4
INDIAN ROCKS BCH, FL 33785

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)

Filing Fee is \$61.25 Due by May 1, 2005

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	SD	<input type="checkbox"/> Delete
NAME	ESMILE, OMAR	
STREET ADDRESS	2505 BAY BLVD, #2	
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BOSTON, DAVID	
STREET ADDRESS	2505 BAY BLVD. APT 4	
CITY-ST-ZIP	INDIAN ROCKS BCH, FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DELACRUZ, RICHARD	
STREET ADDRESS	2505 BAY BLVD APT 5	
CITY-ST-ZIP	INDIAN ROCKS BCH, FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FRYE, CAROLYN	
STREET ADDRESS	2505 BAY BLVD APT 3	
CITY-ST-ZIP	INDIAN ROCKS BCH, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRY, CAROLYN	
STREET ADDRESS	2505 BAY BLVD APT 3	
CITY-ST-ZIP	INDIAN ROCKS BCH, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *D. Boston* **1/5/05** **517-9100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #