


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 753829
 1. Entity Name
BAY COVE MANOR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
 2505 BAY BLVD., APT 5 2505 BAY BLVD., APT 4
 INDIAN ROCKS BCH, FL 33785 US INDIAN ROCKS BCH, FL 33785

DO NOT WRITE IN THIS SPACE



01132006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2348793	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

DO NOT WRITE IN THIS SPACE

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, 2006

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ESMILE, OMAR 2505 BAY BLVD, #2 INDIAN ROCKS BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BOSTON, DAVID 2505 BAY BLVD. APT 4 INDIAN ROCKS BCH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DELACRUZ, RICHARD 2505 BAY BLVD APT 5 INDIAN ROCKS BCH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD FRY, CAROLYN 2505 BAY BLVD APT 3 INDIAN ROCKS BCH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100000393203
 01/25/06-80011-014 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *David Boston* 1/14/06 727-517-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #