

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:44

DOCUMENT # 760709 (6)

1. Corporation Name
BAY OAKS ASSOCIATION, INC.

Principal Place of Business Mailing Address
C/O COMMUNITY MANGEMENT C.
4175 E. BAY DR. STE. 205
CLEARWATER FL 34624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/16/1981
3a. Date of Last Report 04/13/1994
4. FEI Number 59-2190971
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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent
FULLER, TOM
5265 E. BAY DR
#910
CLEARWATER FL 34624

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *C. Thomas Fuller* DATE 1-25-95
Signature, typed or printed name of registered agent and the 4 applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	FULLER, TOM
STREET ADDRESS	5265 E BAY DR #910
CITY - ST - ZIP	CLEARWATER FL
TITLE	VD
NAME	SWEET, JANET
STREET ADDRESS	5265 E. BAY DR., #723
CITY - ST - ZIP	CLEARWATER, FL 00000
TITLE	ST
NAME	SPARKS, DAN
STREET ADDRESS	5265 EAST BAY DR #411
CITY - ST - ZIP	CLEARWATER FL
TITLE	D
NAME	GULLETT, ROBERT
STREET ADDRESS	5265 EAST BAY DR #712
CITY - ST - ZIP	CLEARWATER FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Same
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	Same
2.1 TITLE	
2.2 NAME	Same
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	Same
3.1 TITLE	
3.2 NAME	Same
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	Same
4.1 TITLE	
4.2 NAME	Treasurer Chris Ripoli 5265 East Bay Dr # 325 Clearwater, FL
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	Clearwater, FL
5.1 TITLE	
5.2 NAME	Director Vincent DiMatteo 5265 East Bay Dr. # 124 Clearwater, FL
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	Clearwater, FL
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE: *C. Thomas Fuller* Tom Fuller 1/25/95 532-0856
Signature, typed or printed name of signing officer or director (Typed Name)