

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 760709 (6)

1. Corporation Name
BAY OAKS ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: 11/16/1981
3a. Date of Last Report: 02/21/1995

2. Principal Place of Business: 21 HOLIDAY ISLES, 22 7850 HUMERTON RD, SUITE 1, 23 LARGO FL
2a. Mailing Address: 26 HOLIDAY ISLES, 27 7850 HUMERTON RD, SUITE 1, 28 LARGO FL
24 Zip: 34641, 25 Pinellas, 29 34641, 30 Pinellas

4. FEI Number: 59-2190971
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes

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: BOB BARCOLE
82 Street Address (P.O. Box Number is Not Acceptable): 7850 HUMERTON RD. SUITE 1
83
84 City: LARGO, FL 85 Zip Code: 34641

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Bob Barcole, Property Manager, DATE: 4/22/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: FULLER, TOM		1.2 NAME: SALLEE, STEPHANIE	
STREET ADDRESS: 5265 E BAY DR #910		1.3 STREET ADDRESS: 5265 EAST BAY DR #624	
CITY-ST-ZIP: CLEARWATER FL		1.4 CITY-ST-ZIP: CLEARWATER FL 34624	
TITLE: VD	<input type="checkbox"/> DELETE	2.1 TITLE: PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SWEET, JANET		2.2 NAME: RIPOLI CHRIS	
STREET ADDRESS: 5265 E. BAY DR., #723		2.3 STREET ADDRESS: 5265 EAST BAY DR # 325	
CITY-ST-ZIP: CLEARWATER, FL 00000		2.4 CITY-ST-ZIP: CLEARWATER FL 34624	
TITLE: ST	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SPARKS, DAN		3.2 NAME: REIMER, JACK C.	
STREET ADDRESS: 5265 EAST BAY DR #411		3.3 STREET ADDRESS: 5265 EAST BAY DR. #811	
CITY-ST-ZIP: CLEARWATER FL		3.4 CITY-ST-ZIP: CLEARWATER FL 34624	
TITLE: D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GULLETT, ROBERT		4.2 NAME:	
STREET ADDRESS: 5265 EAST BAY DR #712		4.3 STREET ADDRESS:	
CITY-ST-ZIP: CLEARWATER FL		4.4 CITY-ST-ZIP:	
TITLE: T	<input checked="" type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: RIPOLI, CHRIS		5.2 NAME:	
STREET ADDRESS: 5265 E BAY DR #325		5.3 STREET ADDRESS:	
CITY-ST-ZIP: CLEARWATER FL		5.4 CITY-ST-ZIP:	
TITLE: D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: D'ATILLO, VINCENT		6.2 NAME:	
STREET ADDRESS: 5265 E BAY DRIVE #124		6.3 STREET ADDRESS:	
CITY-ST-ZIP: CLEARWATER FL		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 119.07(3)(k), 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: [Signature] 4/25/96 Date: Daytime Phone #

CR2E037 (12/95)