

FILE NOW: FILING FEE IS \$61.25

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**Feb 26 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 760709 (6)

1. Corporation Name
BAY OAKS ASSOCIATION, INC.



Principal Place of Business HOLIDAY ISLES 7850 ULMERTON RD. SUITE 1 LARGO FL 34641 US	Mailing Address HOLIDAY ISLES 7850 ULMERTON RD. SUITE 1 LARGO FL 34641 US
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3. Date Incorporated or Qualified 11/16/1981		
4. FEI Number 59-2190971	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21	2a. Mailing Address 26 7850 Ulmerton Road		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 #1		
City & State 23	City & State 28 Largo, FL		
Zip 24	Country 25	Zip 29 33771	Country 30 Pinellas

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BABCOCK, BOB
7850 ULMERTON RD., SUITE 1
LARGO FL 34641**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PO	<input checked="" type="checkbox"/> DELETE
NAME	SWEET, JANET	
STREET ADDRESS	5265 EAST BAY DRIVE, #723	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SALLEE, STEPHANIE	
STREET ADDRESS	5265 EAST BAY DRIVE, #624	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REMER, JACK C.	
STREET ADDRESS	5265 EAST BAY DRIVE, #811	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOLLORCOMBE, CONRAD	
STREET ADDRESS	5265 EAST BAY DRIVE, #713	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D Greenlaw, Barbara
1.3 STREET ADDRESS	5265 East Bay Drive #114
1.4 CITY-ST-ZIP	Clearwater, FL 33764
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TD
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PD
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D Fenwick, Cindy
5.3 STREET ADDRESS	5265 East Bay Drive #313
5.4 CITY-ST-ZIP	Clearwater, FL 33764
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: _____ *[Handwritten Signature]* **01/19/98** **813-530-9558**

CPRE037 (10/97)