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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 760709

1. Corporation Name

BAY OAKS ASSOCIATION, INC.

Principal Place of Business

HOLIDAY ISLES 7850 ULMERSON RD. SUITE 1 LARGO FL 34641 US

Mailing Address

HOLIDAY ISLES 7850 ULMERTON RD. SUITE 1 LARGO FL 33771 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/16/1981

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2190971

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D [] DELETE
NAME GREENLAW, BARBARA
STREET ADDRESS 5265 E BAY DR, APT 114
CITY-ST-ZIP CLEARWATER FL 33764

1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE SD [] DELETE
NAME SALLEE, STEPHANIE
STREET ADDRESS 5265 EAST BAY DRIVE, #624
CITY-ST-ZIP CLEARWATER FL

2.1 TITLE [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD [] DELETE
NAME REMER, JACK C.
STREET ADDRESS 5265 EAST BAY DRIVE, #811
CITY-ST-ZIP CLEARWATER FL

3.1 TITLE [] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE PD [] DELETE
NAME WOLLORCOMBE, CONRAD
STREET ADDRESS 5265 EAST BAY DRIVE, #713
CITY-ST-ZIP CLEARWATER FL

4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D [X] DELETE
NAME FENWICK, CINDY
STREET ADDRESS 5265 E BAY DR, SUITE 313
CITY-ST-ZIP CLEARWATER FL 33764

5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE [] Change [X] Addition
6.2 NAME D
6.3 STREET ADDRESS SCHRAMM, JOSEPH
6.4 CITY-ST-ZIP 5265 EAST BAY DR. #623 CLEARWATER, FL

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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/16/99

727-530-9538

CR2E037 (11/98)