

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90055 044 ****61.25

DOCUMENT # 760709

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2190971

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D GREENLAW, BARBARA	<input type="checkbox"/> Delete
STREET ADDRESS	5265 E BAY DR, APT 114	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE NAME	SD SALLEE, STEPHANIE	<input type="checkbox"/> Delete
STREET ADDRESS	5265 EAST BAY DRIVE, #624	
CITY-ST-ZIP	CLEARWATER FL	
TITLE NAME	TD FIORDIGILI, LANI	<input type="checkbox"/> Delete
STREET ADDRESS	5265 E BAY DR #112	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE NAME	PD WOLLORCOMBE, CONRAD	<input type="checkbox"/> Delete
STREET ADDRESS	5265 EAST BAY DRIVE, #713	
CITY-ST-ZIP	CLEARWATER FL	
TITLE NAME	VD REIMER, JACK	<input type="checkbox"/> Delete
STREET ADDRESS	5265 E BAY DR #811	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 an officer like empowered.

SIGNATURE: *Conrad Wollorcombe*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/01 727-530-4517
 Date Daytime Phone #

CR2E037 (10/00)