

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90290 012 ****61.25



DOCUMENT # 760709

1. Entity Name

BAY OAKS ASSOCIATION, INC.

Principal Place of Business

2880 SCHERER DRIVE
 840
 ST. PETERSBURG FL 33716
 US

Mailing Address

2880 SCHERER DRIVE
 840
 ST. PETERSBURG FL 33716
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2190971

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



1st MOORE

CR2E037 (10/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HIRSCH DE HAAN, ELLEN
2401 W.BAY DRIVE #414
LARGO FL 33771

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	TPD	<input type="checkbox"/> Delete
NAME	FEDUCCIA, GEORGE	
STREET ADDRESS	5265 EAST BAY DR. #713	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VANDERKOI, STEPHANIE	
STREET ADDRESS	5265 EAST BAY DRIVE, #624	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MINCIELLI, JOHN	
STREET ADDRESS	5265 EAST BAY DR #121	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BRABO, CINDY	
STREET ADDRESS	5265 EAST BAY DRIVE #313	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fenwick, Cindy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roberta Rusk	
STREET ADDRESS	5265 East Bay Drive #913	
CITY-ST-ZIP	Clearwater FL 33764	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 all other like empowered.

SIGNATURE: *George J Feduccia* **George J Feduccia**

Date

4-01-05

Daytime Phone #

727-798-1261