


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90300 007 ****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 <i>2870 Scherer Dr W</i>		3. Mailing Address <i>2870 Scherer Dr W</i>
Suite, Apt. #, etc. <i>100</i>		Suite, Apt. #, etc. <i>100</i>
City & State <i>St Petersburg FL</i>		City & State <i>St Petersburg FL</i>
Zip <i>33716</i>	Country <i>FLORIDA USA</i>	Zip <i>33716</i>
Country <i>FLORIDA USA</i>		



1st MOORE CR2E037 (10/05)

4. FEI Number 59-2190971		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent HIRSCH DE HAAN, ELLEN 2401 W.BAY DRIVE #414 LARGO FL 33771		7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE TPD	NAME FEDUCCIA, GEORGE	<input checked="" type="checkbox"/> Delete	TITLE <i>V.P.</i>	NAME <i>ODELLE CINDY</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 5265 EAST BAY DR. #713	CITY-ST-ZIP CLEARWATER FL 33764		STREET ADDRESS <i>5265 EAST BAY DR # 614</i>	CITY-ST-ZIP <i>CLEARWATER, FL 33764</i>	
TITLE <i>SD</i>	NAME <i>SALLEE VANDERKOP, STEPHANIE</i>	<input type="checkbox"/> Delete	TITLE <i>PRESIDENT</i>	NAME <i>SALLEE, STEPHANIE</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5265 EAST BAY DRIVE, #624	CITY-ST-ZIP CLEARWATER FL		STREET ADDRESS <i>SALLEE, STEPHANIE</i>	CITY-ST-ZIP	
TITLE <i>D</i>	NAME MINCIELLI, JOHN	<input type="checkbox"/> Delete	TITLE <i>TREASURER</i>	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5265 EAST BAY DR #121	CITY-ST-ZIP CLEARWATER FL 33764		STREET ADDRESS	CITY-ST-ZIP	
TITLE <i>JD</i>	NAME FENWICK, CINDY	<input type="checkbox"/> Delete	TITLE <i>DIRECTOR</i>	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5265 EAST BAY DRIVE #313	CITY-ST-ZIP CLEARWATER FL 33764		STREET ADDRESS	CITY-ST-ZIP	
TITLE <i>D</i>	NAME REMSKI, ROBERT	<input checked="" type="checkbox"/> Delete	TITLE <i>D</i>	NAME <i>FRAZIER DEBRA #</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 5265 E BAY DR #913	CITY-ST-ZIP CLEARWATER FL 33764		STREET ADDRESS <i>5265 EAST BAY DR, 422</i>	CITY-ST-ZIP <i>CLEARWATER FL 33764</i>	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Stephanie Sallee* 4/12/06 727-381-5432