## 2003 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT#760709** 

Entity Name: BAY OAKS ASSOCIATION, INC.

**Current Principal Place of Business:** 

FILED Apr 28, 2003 Secretary of State

HOLIDAY ISLES 7850 ULMERSON RD. SI LARGO, FL 34641 US		2880 SCHERER DRIVE 840 ST. PETERSBURG, FL 33716	US
Current Mailing Address:		New Mailing Address:	
HOLIDAY ISLES 7850 ULMERTON RD. SUITE 1 LARGO, FL 33771 US		2880 SCHERER DRIVE 840 ST.PETERSBURG, FL 33716	US
FEI Number: 59-2190971	FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certifi	cate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BABCOCK, BOB
7850 ULMERTON RD., SUITE 1
LARGO, FL 34641 US
HIRSCH DE HAAN, ELLEN
2401 W.BAY DRIVE #414
LARGO, FL 33771 US

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: ELLEN HIRSCH DE HAAN 04/28/2003

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

CLEARWATER, FL 33764

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**New Principal Place of Business:** 

TPD () Change () Addition () Delete FEDUCCIA, GEORGE Name: Name: 5265 EAST BAY DR. #713 Address: Address: City-St-Zip: CLEARWATER, FL 33764 City-St-Zip: Title: SD ( ) Delete Title: () Change () Addition Name: SALLEE, STEPHANIE Name: Address: 5265 EAST BAY DRIVE, #624 Address: City-St-Zip: CLEARWATER, FL City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition BROC, MARY JANE Name: MINCIELLI, JOHN Name: 5265 EAST BAY DR #614 5265 EAST BAY DR #121 Address: Address: City-St-Zip: CLEARWATER, FL 33764 City-St-Zip: CLEARWATER, FL 33764 Title: ( ) Delete Title: (X) Change ( ) Addition GANDY, EDDIÉ Name: Name: HARTMAN, TAMILYN 5265 EAST BAY DR #422 5265 EAST BAY DR #512 Address: Address: City-St-Zip: CLEARWATER, FL 33764 City-St-Zip: CLEARWATER, FL 33764 Title: Title: () Delete () Change () Addition RAWSKI, ROBERTA Name: Name: 5265 EAST BAY DR. #913 Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: GEORGE FEDUCCIA TPD 04/28/2003