

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G95288 (8)**

1. Corporation Name

BAYS END MANOR MOBILE HOMEOWNER'S ASSOCIATION, I NC.



Principal Place of Business

3432 STATE ROAD 580
SAFETY HARBOR FL 34695

Mailing Address

3432 STATE ROAD 580
SAFETY HARBOR FL 34695

3. Date Incorporated or Qualified 04/09/1984	3a. Date of Last Report 04/07/1995
4. FEI Number 59-2402989	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CLOUTIER, ANDRE William Neuberger 3432 S.R. 580 #350x 3432 St. R. 580 #105 SAFETY HARBOR FL 34695		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE William Neuberger Pres. *William Neuberger* 3-19-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE - Registered Agent Signature printed on certificate) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLOUTIER, ANDRE William Neuberger	12 NAME	William Neuberger
STREET ADDRESS	3432 S.R. 580 #350x Lot 105	13 STREET ADDRESS	3432 S.R. 580 #105
CITY-ST-ZIP	SAFETY HARBOR FL	14 CITY-ST-ZIP	Safety Harbor Fla 34695
TITLE	V <input checked="" type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	XXXX GILBERT	22 NAME	William Jeffrey Jr.
STREET ADDRESS	3432 STATE RD 580 #326	23 STREET ADDRESS	3432 St. R. 580 #111
CITY-ST-ZIP	SAFETY HARBOR FL	24 CITY-ST-ZIP	Safety Harbor, Fls 34695
TITLE	T <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAOACK, DOROTHY	32 NAME	
STREET ADDRESS	3432 STATE RD 580 #424	33 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL	34 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYKES, MARGARET	42 NAME	S. Gladys Courtemanche
STREET ADDRESS	3432 S.R. 580 #128	43 STREET ADDRESS	3432 St. R. 580 #429
CITY-ST-ZIP	SAFETY HARBOR FL	44 CITY-ST-ZIP	Safety Harbor, Fla. 34695
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)