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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # G95288

(8)

BAYS END MANOR MOBILE HOMEOWNER'S ASSOCIATION, INC.

FILED Mar 10 1997 8:00am Secretary of State



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,	e of Business	Mailing Addres						*****	*****
3432 STATE R SAFETY HARB		3432 STATE ROAD 580 SAFETY HARBOR FL 34685-4953							
						3. Date Incorporated or Qual		ate of Last F 22/1996	Report
2. Principal F	Place of Business	2a. Mailing Add	ress	····		4. FEI Number			pplied For
i		26				59-2402989			ot Applicable
Suite, Apt	#, etc.	Suite, Apt. #	, etc.			5. Certificate of Status Desire	ed 🗆		Additional equired
City & Stat	10	City & State				Election Campaign Financ Trust Fund Contribution	ing 🗆		May Be to Fees
Ζιp	Country	Zip		Country		8. This corporation has liabili	ity for intangible	a lax under s	. 199.032,
4	25	29	30	·	···	Florida Statutes	····	□No	
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of No	ew Registered	Agent	
	uberger, William			81 1	Name				
343	2 ST R 580 #105			82 5	Street Addr	ress (P.O. Box Number is Not Acc	ceptable)		
SAF	FETY HARBOR FL 34695								
				83					
				84 (City		FL	65 Zip	Code
	t to the provisions of Sections 607 0 registered agent, or both, in the Sta am familiar with, and accept the opi	13 7.6	7.7.						
SIGNATURE	Signature Typed or printed name of registered	Agent and tile if apply ation. AND DIRECTORS	(NOTE Regist), ilered Ageni s I3.		red when reinstaling) ADDITIONS/CHANGES TO	OFFICERS AN		
SIGNATURF 12. Tille	Signature Typest or product nation of registered OF FICERS A	Agent and tile if apply ation. AND DIRECTORS	(NOTE Regist 1) DELETE 1.	itered Agent s 3. 1 TITLE		red when reinstaling)		D DIRECTO	
SIGNATURE 112. TITLE NAME	Signature Typed or profiled nature of registered OF FICERS A	Agent and tile if apply ation. AND DIRECTORS	(NOTE Registed) ELETE 1.	2. Idered Agent s 3. 1 TITLE 2 NAME	signature requi	red when reinstaling)			
SIGNATURE 12. IIILE NAME SIREET ADDRESS	Signature Typed or profiled nature of registered OF FICERS A P NEUBERGER, WILLIAM 3432 SR 580 LOT 105	Agent and tile if apply ation. AND DIRECTORS	(NOTE Regist 1.0ELETE 1.). Idered Agent s I TITLE 2 NAME 3 STREET ADI	signature requi	red when reinstaling)			
SIGNATURE 12. THE HAME STREET ADDRESS STY-ST-ZIP	Signature Typed or profiled nature of registered OF FICERS A	agent and start apply stree. NND DIRECTORS [] [(NOTE Hogist 1. 1. 1. 1.	2. 3. 1 TITLE 2 NAME 3 STREET ADI 4 CITY - ST - Z	signature requi	red when reinstaling)			Addition
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I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 attachynging with an agridress.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR

3-4-97

1-813-726-5980

MARTA