

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Mar 10 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G95288 (8)**  
1. Corporation Name  
**BAYS END MANOR MOBILE HOMEOWNER'S ASSOCIATION, I NC.**



Principal Place of Business <b>3432 STATE ROAD 580 SAFETY HARBOR FL 34695</b>	Mailing Address <b>3432 STATE ROAD 580 SAFETY HARBOR FL 34695-4953</b>
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3. Date Incorporated or Qualified <b>04/09/1984</b>		3a. Date of Last Report <b>03/22/1996</b>	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-2402989</b>	Applied For Not Applicable
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

**9. Name and Address of Current Registered Agent**

**NEUBERGER, WILLIAM  
3432 ST R 580 #105  
SAFETY HARBOR FL 34695**

**10. Name and Address of New Registered Agent**

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City **FL** 85. Zip Code

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 S. Neuberger Pres.* DATE: **3-4-97**

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>NEUBERGER, WILLIAM</b>	
STREET ADDRESS	<b>3432 SR 580 LOT 105</b>	
CITY - ST - ZIP	<b>SAFETY HARBOR FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>WILLIAM, JEFFREY J</b>	
STREET ADDRESS	<b>3432 ST R 580 #111</b>	
CITY - ST - ZIP	<b>SAFETY HARBOR FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>TRAOACK, DOROTHY</b>	
STREET ADDRESS	<b>3432 STATE RD 580 #424</b>	
CITY - ST - ZIP	<b>SAFETY HARBOR FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>COURTEMANCHE, GLADYS</b>	
STREET ADDRESS	<b>3432 ST RD 580 #429</b>	
CITY - ST - ZIP	<b>SAFETY HARBOR FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>T</b>
3.3 STREET ADDRESS	<b>TRABACK, DOROTHY</b>
3.4 CITY - ST - ZIP	<b>3432 STATE RD. 580. #424 SAFETY HARBOR, FL. 34695</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>S</b>
4.3 STREET ADDRESS	<b>RIVARD, ROGER</b>
4.4 CITY - ST - ZIP	<b>3432 STATE RD. 580, #468 SAFETY HARBOR, FL. 34695</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. 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. 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: *William S. Neuberger* DATE: **3-4-97** Daytime Phone #: **1-813-726-5980**

CF2E034 (9/96)