

**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
--	---	---

**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>
--	---

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/09/1984</b>	3a. Date of Last Report <b>03/22/1996</b>
21. Suite, Apt #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number <b>59-2402989</b>	Applied For Not Applicable
25. Country	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
29. Country	30. City & State	31. Zip	32. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>NEUBERGER, WILLIAM 3432 ST R 580 #105 SAFETY HARBOR FL 34695</b>				10. Name and Address of New Registered Agent	
81. Name				85. Zip Code	
82. Street Address (P.O. Box Number is Not Acceptable)				FL	
83.					
84. City					

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEUBERGER, WILLIAM</b>	1.2 NAME	
STREET ADDRESS	<b>3432 SR 580 LOT 105</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAFETY HARBOR FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAM, JEFFREY J</b>	2.2 NAME	
STREET ADDRESS	<b>3432 ST R 580 #111</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAFETY HARBOR FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRAOACK, DOROTHY</b>	3.2 NAME	<b>T</b>
STREET ADDRESS	<b>3432 STATE RD 580 #424</b>	3.3 STREET ADDRESS	<b>TRABACK, DOROTHY</b>
CITY-ST-ZIP	<b>SAFETY HARBOR FL</b>	3.4 CITY-ST-ZIP	<b>3432 STATE RD. 580. #424</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>COURTEMANCHE, GLADYS</b>	4.2 NAME	<b>S</b>
STREET ADDRESS	<b>3432 ST RD 580 #429</b>	4.3 STREET ADDRESS	<b>RIVARD, ROGER</b>
CITY-ST-ZIP	<b>SAFETY HARBOR FL</b>	4.4 CITY-ST-ZIP	<b>3432 STATE RD. 580, #468</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>SAFETY HARBOR, FL. 34695</b>
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 J. Neuberger* DATE: **3-4-97** Daytime Phone #: **1-813-726-5980**

CF2E034 (9/96)