

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

FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 3432 STATE ROAD 580 SAFETY HARBOR FL 34695	Mailing Address 3432 STATE ROAD 580 SAFETY HARBOR FL 34695
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 04/09/1984	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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
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 A. Neuberger* DATE: **3-19-98**

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	NEUBERGER, WILLIAM	
STREET ADDRESS	3432 SR 580 LOT 105	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAM, JEFFREY J	
STREET ADDRESS	3432 ST R 580 #111	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	TRABACK, DOROTHY	
STREET ADDRESS	3432 STATE RD 580 #424	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	RIVARD, ROGER	
STREET ADDRESS	3432 STATE RD. 580, #468	
CITY-ST-ZIP	SAFETY HARBOR FL	
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	Vice-Pres.
2.3 STREET ADDRESS	Roger Rivard
2.4 CITY-ST-ZIP	3432 ST R 580, #468 Safety Harbor, FL. 34695
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Sec'y.
4.3 STREET ADDRESS	William Jeffrey, Jr.
4.4 CITY-ST-ZIP	3432 ST R 580, #111 Safety Harbpr. FL. 34695
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 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 in an attachment with an address.

SIGNATURE: *William A. Neuberger* DATE: **3-19-98** 813-726-5980

CR2E034 (10/97)