


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # G95288
 1. Entity Name
BAYS END MANOR MOBILE HOMEOWNER'S ASSOCIATION, INC.



| | |
|---|---|
| Principal Place of Business 3432 STATE ROAD 580 SAFETY HARBOR, FL 34695 | Mailing Address 3432 STATE ROAD 580 SAFETY HARBOR, FL 34695 |
|---|---|

DO NOT WRITE IN THIS SPACE



01172008 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

MARINO, SALVATORE J
 3432 STATE ROAD 580
 UNIT # 213
 SAFETY HARBOR, FL 34695

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BILLECI, GEORGE 3432 STATE ROAD 580 #422 SAFETY HARBOR, FL 34695 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BEALS, BARRY 3432 STATE RD 580 #250 SAFETY HARBOR, FL 34695 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MARINO, SALVATORE J 3432 STATE ROAD 580, # 213 SAFETY HARBOR, FL 34695 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V DAVIS, BARBARA 3432 STATE RD 580 #302 SAFETY HARBOR, FL 34695 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

UD00000793808
 01/25/08-80022-017 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Salvatore J. Marino* (SALVATORE J. MARINO) JAN 18, 2008 727-723-2191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CELL 727-415-9469