


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90462 013 ****61.25

DOCUMENT # N01000000786

1. Entity Name
PALM ISLAND BAY VILLA'S CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**7092 PLACIDA RD
 CAPE HAZE, FL 33946**

Mailing Address
**7092 PLACIDA RD
 CAPE HAZE, FL 33946**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

03182004 Chg-NP CR2E037 (10/03)

4. FEI Number
03-0384629

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent

GUNDERSON, MIKO P
186 PLACIDA RD, STE 204
ENGLEWOOD, FL 34223

7. Name and Address of New Registered Agent

Name
Ken TAYLOR

Street Address (P.O. Box Number is Not Acceptable)
7092 Placida Rd

City
CAPE HAZE FL Zip Code
33946

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 *Ken Taylor* DATE *4/15/04*

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BECKSTEAD, DEAN L 7092 PLACIDA RD CAPE HAZE, FL 33946	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BECKSTEAD, GARFIELD 7092 PLACIDA RD CAPE HAZE, FL 33946	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FITZSIMMONS, TIMOTHY 7092 PLACIDA RD CAPE HAZE, FL 33946	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JIM DAVIES 64 CHESTNUT ST MURRAY HILL NJ 06974	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER DAVID MASTERS MURRAY HILL 7092 PLACIDA RD. CAPE HAZE FL 33946	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY & VP TIM FITZSIMMONS 7092 PLACIDA RD. CAPE HAZE FL 33946	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR HARLAN MAURER 7092 PLACIDA RD. CAPE HAZE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR O'DWYER CASWELL 87 GRANITE ST. ROCK PONT MA 01966	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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 617, 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: *Ken Taylor* DATE *4/15/04*

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