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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000004124 (4)**

1. Corporation Name

BAYTREE COMMUNITY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**8010 N WICKHAM ROAD
MELBOURNE FL 32940**

**8010 N WICKHAM ROAD
MELBOURNE FL 32940**

2. Principal Place of Business

2a. Mailing Address

21 **7380 Murrell Road**

26 **7380 Murrell Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 201**

27 **Suite 201**

City & State

City & State

23 **Viera, FL**

28 **Viera, FL**

Zip

Country

Zip

Country

24 **32940**

25 **Brevard**

29 **32940**

30 **Brevard**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLARK, COY A
8010 N WICKHAM ROAD
MELBOURNE FL 32940**

81 Name

Scott Miller

82 Street Address (P.O. Box Number is Not Acceptable)

7380 Murrell Road,

83

Suite 201

84 City

Viera

FL

85 Zip Code

32940

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **CLARK, COY A**
STREET ADDRESS **8010 N WICKHAM ROAD**
CITY - ST - ZIP **MELBOURNE FL 32940**

TITLE **STD** ☒ DELETE

NAME **SMITH, RICHARD D**
STREET ADDRESS **8010 N WICKHAM ROAD**
CITY - ST - ZIP **MELBOURNE FL 32940**

TITLE **D** ☒ DELETE

NAME **SCACCIA, AL**
STREET ADDRESS **8010 N WICKHAM ROAD**
CITY - ST - ZIP **MELBOURNE FL 32940**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President / Director** ☒ Change ☐ Addition

1.2 NAME **MASON BLAKE**
1.3 STREET ADDRESS **7380 MURRELL ROAD SUITE 201**
1.4 CITY - ST - ZIP **VIERA, FL 32940**

2.1 TITLE **Vice President / Director** ☒ Change ☐ Addition

2.2 NAME **Jay Decator**
2.3 STREET ADDRESS **7380 MURRELL ROAD suite 201**
2.4 CITY - ST - ZIP **Viera, FL 32940**

3.1 TITLE **Paul Martell** ☒ Change ☐ Addition

3.2 NAME **Treasurer / Director**
3.3 STREET ADDRESS **7380 Murrell Road Suite 201**
3.4 CITY - ST - ZIP **Viera, FL 32940**

4.1 TITLE **Secretary** ☒ Change ☐ Addition

4.2 NAME **Scott Miller**
4.3 STREET ADDRESS **7380 Murrell Road Suite 201**
4.4 CITY - ST - ZIP **Viera, FL 32940**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Scott Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/96
Date

(407) 242-1200
Daytime Phone #

CR2E037 (12/95)