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May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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
7380 MURRELL ROAD SUITE 201 VIERA FL 32940 US	7380 MURRELL RD SUITE 201 VIERA FL 32940-7947 US

3. Date Incorporated or Qualified: 09/14/1993
3a. Date of Last Report: 04/03/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-3139159 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CLARK, COY A
8010 N WICKHAM ROAD
MELBOURNE FL 32940

10. Name and Address of New Registered Agent

81 Name: BLAKE, R. MASON
82 Street Address (P.O. Box Number is Not Acceptable): 7380 MURRELL ROAD, SUITE 201
83
84 City: VIERA FL 85 Zip Code: 32940

11. Pursuant to the provisions of Sections 617.0500 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: R. Mason Blake, President — R. MASON BLAKE — 4/21/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	BLAKE MASON		1.2 NAME	BLAKE, R. MASON	
STREET ADDRESS	7380 MURRELL ROAD SUITE 201		1.3 STREET ADDRESS	7380 MURRELL ROAD, SUITE 201	
CITY-ST-ZIP	VIERA FL		1.4 CITY-ST-ZIP	VIERA FL 32940	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	DECATOR, JAY		2.2 NAME	DECATOR, JAY A. III	
STREET ADDRESS	7390 MURRELL ROAS SUITE 201		2.3 STREET ADDRESS	7380 MURRELL ROAD, SUITE 201	
CITY-ST-ZIP	VIERA FL		2.4 CITY-ST-ZIP	VIERA FL 32940	
TITLE	TD	☐ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	MARTELL, PAUL		3.2 NAME	MARTELL, PAUL	
STREET ADDRESS	7380 MURRELL ROAS SUITE 201		3.3 STREET ADDRESS	7380 MURRELL ROAD, SUITE 201	
CITY-ST-ZIP	VIERA FL		3.4 CITY-ST-ZIP	VIERA FL 32940	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: R. Mason Blake, Pres. — R. MASON BLAKE, PRES. — 4/21/97 — (407) 242-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0019861