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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Jan 20 1998 8:00am Secretary of State

1998 DOCUMENT # 1. Corporation Name N94000002397 (7)

BAY DAKE HOA INC

	UARO FIUA, INC.		<u> </u>									
Principal Plac	ce of Business	Mailing Ad	dress				1 100611501 056 500311	Alati anilit Shiti	DE (): B 2111 1	1811 0 11800 11		
846 OAK PON OSPREY FL 3 US		P.O. BOX 5 OSPREY FL US					3. Date Incorporated 05/12/1994					
		•••					4. FEI Number 65-0511622	9		-	Applied For Not Applicab	nle d
2. Principal I	Place of Business	2a. Mailing	Address				 			\$8.7º	5 Additional	-
21		26					5. Certificate of Statu	s Desired			Required	_
Suite, Apt	#, etc.	Suite, Apt. #, etc.				6. Election Campaign Trust Fund Contrib				D May Be		
City & Sta	te	City & S	State				7. Is this nonprofit co		omeowne			7
23		28					}			☐ No]
Zip	Country	Zip	· · · · · · · · · · · · · · · · · · ·	Count	try		8. This corporation ov	ves or has pa	aid the cu	rrent year	Intangible	
24	25	29		30	_		Personal Property			Yes	⊠ No	
	Name and Address of Current	t Registered Ag	ent				10. Name and Addres	s of New Re	egistered	Agent		
) 8	37) (Name]
	ITEIN, RICHARD			8	32 3	Street Addre	ss (P.O. Box Number is	Not Acceptal	ble)			7
1	K POND DRIVE Y FL 34229			8	13							-
				8	4 (City				85 Zi	p Code	
						 :			<u>FL</u>	<u>. </u>		
11. Pursuant	to the provisions of Sections 617.050; registered agent, or both, in the State am familiar with, and accept the obliga	2 and 617.1508, of Florida, Such	Florida Statute change was a	is, the abo uthorized l	ove-n by th	named corpo he comoratio	ration submits this stater on's board of directors. I	nent for the p hereby accei	ourpose o nt the apt	t changing xointment :	j its registerei as registered	a
agent. I a	am familiar with, and accept the obliga	ations of, Section	617.0503, Flo	rida Statut	tes.						-	1
SIGNATURE												1
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	Signature, typed or printed name of registered age:		(NOTE		Agent s	signature required	when reinstating)	EE TO OFFI	DATE OF ANY	DIRECT	200 IN 10	
12.	OFFICERS AND	DIRECTORS		13.		signature required	when reinstating) ADDITIONS/CHANG	ES TO OFFIC			ORS IN_12	- 26/0 26/0
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Thereby 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 for on an attachment with an address.