


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90214 020 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000002397**

1. Corporation Name  
**BAY OAKS HOA, INC.**

Principal Place of Business 846 OAK POND DRIVE OSPREY FL 34229 US	Mailing Address P.O. BOX 508 OSPREY FL 34229 US
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2. Principal Place of Business 21 542 Pine Ranch East Road	2a. Mailing Address 26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 05/12/1994
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 65-0511622
23 City & State Osprey FL	28 City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24 Zip 34229 Country	29 Zip Country	30 Country
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		

9. Name and Address of Current Registered Agent  ROSENTEIN, RICHARD 846 OAK POND DRIVE OSPREY FL 34229	10. Name and Address of New Registered Agent 81 Name Costante A. Biondi 82 Street Address (B.O. Box Number is Not Acceptable) 542 Pine Ranch East Road 83 84 City Osprey FL 85 Zip Code 34229
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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 Costante A. Biondi, President DATE March 3, 1999

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENSTEIN, RICHARD	1.2 NAME	Costante A. Biondi
STREET ADDRESS	846 OAK POND DRIVE	1.3 STREET ADDRESS	542 Pine Ranch East Road
CITY-ST-ZIP	OSPREY FL	1.4 CITY-ST-ZIP	Osprey FL 34229
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEINSTEIN, PETER	2.2 NAME	Charles Ballschmieder
STREET ADDRESS	587 PINE RANCH EAST ROAD	2.3 STREET ADDRESS	595 Oak River Court
CITY-ST-ZIP	OSPREY FL	2.4 CITY-ST-ZIP	Osprey, FL 34229
TITLE	DP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRENCKLE, GEORGE	3.2 NAME	William Little
STREET ADDRESS	597 OAK RIVER COURT	3.3 STREET ADDRESS	935 Pine Ranch East Road
CITY-ST-ZIP	OSPREY FL	3.4 CITY-ST-ZIP	Osprey, FL 34229
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BIONDI, COSTANTE A	4.2 NAME	Jack Goodman
STREET ADDRESS	542 PINE RANCH EAST ROAD	4.3 STREET ADDRESS	801 Oak Pond Drive
CITY-ST-ZIP	OSPREY FL	4.4 CITY-ST-ZIP	Osprey, FL 34229
TITLE	DS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DAssistS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN, RUTLAND	5.2 NAME	Gloria Mastrototaro
STREET ADDRESS	821 OAK POND DRIVE	5.3 STREET ADDRESS	579 Oak Bay Drive
CITY-ST-ZIP	OSPREY FL	5.4 CITY-ST-ZIP	Osprey, FL 34229
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D Variances Officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	David Van Atter
STREET ADDRESS		6.3 STREET ADDRESS	602 Pine Ranch East Road
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Osprey, FL 34229

14. 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 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, with all other like empowered.

SIGNATURE: JACK B GOODMAN - Treasurer DATE: \_\_\_\_\_ DAYTIME PHONE #: 941 966-3188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)