

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N94000002397**

1. Entity Name

**BAY OAKS HOA, INC.**

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90098 001 \*\*\*61.25

Principal Place of Business 542 PINE RANCH E RD OSPREY FL 34229 US	Mailing Address P.O. BOX 508 OSPREY FL 34229-0508 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>65-0511622</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**BIONDI, COSTANTE A**  
**542 PINE RANCH E RD**  
**OSPREY FL 34229**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW:**  
**FEE IS \$61.25**

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BIONDI, COSTANTE A 542 PINE RANCH E RD OSPREY FL 34229 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BALLSCHMIEDER, CHARLES 595 OAK RIVER COURT OSPREY FL 34229 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LITTLE, WILLIAM 335 PINE RANCH E RD OSPREY FL 34229 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GOODMAN, JACK 801 OAK POND DRIVE OSPREY FL 34229 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DA MASTROTOTARO, GLORIA 579 OAK BAY DR OSPREY FL 34229 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVO VAN ATTER, DAVID 602 PINE RANCH E RD OSPREY FL 34229 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBERT WILDERMOTH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 615 OAK RIVER CT. TREASURER OSPREY FL 34229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DONALD FISHER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 610 PINE RANCH ROAD EAST VARIANCE OFFICER OSPREY, FL 34229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAT HOLLER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 546 OAK BAY DRIVE COMPLIANCE OFFICER OSPREY, FL 34229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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)(l), 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: SIG/Robert E. Wildermoth 1/13/00 (941) 342-1196

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

CR2ER37 19/99