


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90035 042 ****61.25

DOCUMENT # N94000002397

1. Entity Name
BAY OAKS HOA, INC.



Principal Place of Business
 P.O. BOX 508
 OSPREY, FL 34229 US

Mailing Address
 P.O. BOX 508
 OSPREY, FL 34229 US



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03092004 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
65-0511622

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
HJERTSTEDT, MARLENE
582 OAK BAY DR.
OSPREY, FL 34229

7. Name and Address of New Registered Agent
 Name **PAT HOLLER**
 Street Address (P.O. Box Number is Not Acceptable)
546 OAK BAY DR.
 City **OSPREY** FL Zip Code **34229**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Pat Holler* DATE **3-9-04**

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

Filing Fee is \$61.25 Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC JOHNSON, DONALD 614 PINE RANCH EAST RD OSPREY, FL 34229	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV VOLINO, TATE 599 PINE RANCH EAST OSPREY, FL 34229	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DLO PFEIFFER, JOHN 578 OAK BAY DRIVE OSPREY, FL 34229	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HJERTSTEDT, MARLENE 582 OAK BAY DRIVE OSPREY, FL 34229	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS REGULA, KARYN 802 OAK POND DRIVE OSPREY, FL 34229	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LO HOLLER, PAT 546 OAK BAY DRIVE OSPREY, FL 34229	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MIKE COURVILLE 599 OAK RIVER CT. OSPREY, FL 34229	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MONROE KOKIN 594 OAK RIVER CT OSPREY, FL 34229	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JEFF EGLE 547 PINE RANCH EAST OSPREY, FL 34229	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CHARLES DUPLEY 595 OAK BAY DR. OSPREY, FL 34229	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC KATHY MAYHALL 593 PINE RANCH EAST OSPREY, FL 34229	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC CHRIS GUERRA 594 PINE RANCH EAST OSPREY, FL 34229	<input type="checkbox"/> Change <input checked="" 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)(i), 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: *Pat Holler* DATE: **3-9-04** DAYTIME PHONE #: **941-966-7710**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR