2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002397

Entity Name: BAY OAKS HOA, INC.

FILED Apr 08, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 508

OSPREY, FL 34229 LIS

Current Mailing Address: New Mailing Address:

P.O. BOX 508

OSPREY, FL 34229 US

FEI Number: 65-0511622 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MELLING, JOSEPHINE 591 OAK RIVER CT OSPREY, FL 34225 US

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:

City-St-Zip:

Date

City-St-Zip:

Electronic Signature of Registered Agent

OSPREY, FL 34229

OFFICERS AND DIRECTORS:

OSPREY, FL 34229

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DP (X) Change () Addition () Delete JOHNSON, DONALD KOKIN, MONROE Name: Name: 614 PINE RANCH EAST RD Address: 594 OAK RIVER CT Address:

City-St-Zip: OSPREY, FL 34229 City-St-Zip: OSPREY, FL 34229

Title: DV () Delete Title: (X) Change () Addition KOKIN, MONROE Name: JOHNSON, DONALD Name: Address: 594 OAK RIVER CT Address: 614 PINE RANCH EAST RD

Title: Title: (X) Change () Addition () Delete

COLE, JEFF VOGEL, DENISE Name: Name: 547 PINE RANCH EAST RD 547 OAK BAY DRIVE Address: Address: City-St-Zip: OSPREY, FL 34229 City-St-Zip: **OSPREY. FL 34229**

Title: DT () Delete Title: () Change () Addition

HJERTSTEDT, MARLENE Name: Name: 582 OAK BAY DRIVE Address: Address: City-St-Zip: OSPREY, FL 34229 City-St-Zip:

Title: DS () Delete Title: () Change () Addition

DUDLEY, CHARLES Name: Name: 595 OAK BAY DR Address: Address: City-St-Zip: OSPREY, FL 34229 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

HOLLER, PAT COURVILLE, MICHAEL Name: Name: Address: 546 OAK BAY DRIVE Address: 599 OAK RIVER DRIVE OSPREY, FL 34229 City-St-Zip: OSPREY, FL 34229 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONROE KOKIN DP 04/08/2006