


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90034 016 ****61.25

DOCUMENT # N94000002397

1. Entity Name
BAY OAKS HOA, INC.



Principal Place of Business
 614 PINE RANCH E. RD
 OSPREY, FL 34229 US

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



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
2477 STICKNEY POINT RD
 Suite, Apt. #, etc.
SUITE 118 A
 City & State
SARASOTA FL
 Zip
34231

Country
 USA

03302008 Chg-NP CR2E037 (12/06)

4. FEI Number
 65-0511622

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
COLE, JEFFREY
 547 PINE RANCH E. RD
 OSPREY, FL 34229

7. Name and Address of New Registered Agent
 Name
ARGUS PROP MANAGEMENT
 Street Address (P.O. Box Number is Not Acceptable)
SUITE 118A
2477 STICKNEY POINT RD
 City
SARASOTA FL Zip Code
34239

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 *Deborah M. Siffers*
 Signature, typed or printed name of registered agent and then applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is **\$61.25** Due by **May 1, 2008**

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	DP JOHNSON, DONALD 614 PINE RANCH E. RD OSPREY, FL 34229	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLE, JEFFREY 547 PINE RANCH E. RD. OSPREY, FL 34229	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT VOGEL, DENISE 547 OAK BAY DRIVE OSPREY, FL 34229	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYLE, JOHN 590 OAK RIVER COURT OSPREY, FL 34229	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DUDLEY, CHARLES 595 OAK BAY DR OSPREY, FL 34229	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COURVILLE, MICHAEL 599 OAK RIVER DRIVE OSPREY, FL 34229	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT KRIS BAKER 606 PINE RANCH EAST RD OSPREY FL 34229	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR ALAN BEAROSELL 603 PINE RANCH EAST RD OSPREY FL 34229	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT MARY GIBBS 502 PINE RANCH EAST RD OSPREY, FL 34239	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR BRIAN SWEENEY 594 PINE RANCH EAST RD OSPREY FL 34229	<input type="checkbox"/> Change <input checked="" 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 exemptions contained 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 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 empowers.

SIGNATURE: *Deborah M. Siffers* 4-1-08
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #