

FILED
Mar 15, 2004 8:00 am
Secretary of State

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

03-15-2004 90031 037 ****61.25

DOCUMENT # N97000006569
 1. Entity Name
BAY ARBOR PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
 4131 GUNN HIGHWAY
 TAMPA, FL 33624

Mailing Address
 4131 GUNN HIGHWAY
 TAMPA, FL 33624

44016997



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01302004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
 SHERMAN, KILLIAN LCAM
 4131 GUNN HIGHWAY
 TAMPA, FL 33624

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

SIGNATURE Shannon L. Killian L.CAM DATE 2-27-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEVE HOWARTH 246 ARBOR WOODS CIRCLE OLDSMAR, FL 34677 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Howarth, Steve 245 Arbor Woods Circle Oldsmar, FL 34677 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VB BEVIS DOUGLAS 359 BAY ARBOR BLVD OLDSMAR, FL 34677 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bevis, Douglas 359 Bay Arbor Blvd Oldsmar, FL 34677 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MANGANIELLO, CHARLES 308 BAY ARBOR BLVD OLDSMAR, FL 34677 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Carruthers, James 338 Ventura Drive Oldsmar, FL 34677 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRANT, PAT 218 ARBOR WOODS CIRCLE OLDSMAR, FL 34677 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWEN RICH 342 VENTURA DRIVE OLDSMAR, FL 34677 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSON, BRUCE H 250 ARBOR WOOD CIRCLE OLDSMAR, FL 34677 <input type="checkbox"/> Delete	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)(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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE 3/2/04 DAYTIME PHONE # 813-310-4454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #