


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

04-15-2005 90059 019 ****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**



03112005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-3556627	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
~~SHERMAN, KILLIAN LEAM~~ **FIRST CHOICE ASSN MGMT INC**
4131 GUNN HIGHWAY
TAMPA, FL 33624 **4174 WOODLANDS PKWY**
PALM HARBOR, FL
34685

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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  DATE _____

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

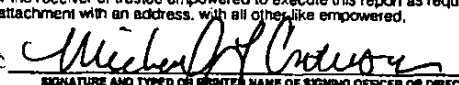
Filing Fee is **\$81.25** Due by **May 1, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE D	STEVE, HOWARTH 245 ARBOR WOODS CIRCLE OLDSMAR, FL 34877
TITLE PD	BEVIS, DOUGLAS 359 BAY ARBOR BLVD OLDSMAR, FL 34877
TITLE VPD TD	CARRATHERS, JAMES 338 VENTURA DRIVE OLDSMAR, FL 34877
TITLE PD VPD	GRANT, PAT MICHAEL CROWSON 245 ARBOR WOODS CIRCLE 341 BAY ARBOR BLVD. OLDSMAR, FL 34877
TITLE SD	JOHNSON, BRUCE H 250 ARBOR WOOD CIRCLE OLDSMAR, FL 34877
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **4-12-05**

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