


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90012 013 ****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**



2. Principal Place of Business - No P.O. Box #
4174 Woodlands Pkwy

3. Mailing Address
4174 Woodlands Pkwy

Suite, Apt. #, etc.

02052007 Chg-NP CR2E037 (12/06)

City & State
Palm Harbor, FL 34685

City & State
Palm Harbor FL.

Zip
34685

Country

4. FEI Number
59-3556627

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FIRST CHOICE ASSN MGMT INC.
4171 WOODLANDS PARKWAY
PALM HARBOR, FL 34685**

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 _____ DATE _____

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, 2007**

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

Make check payable to Florida Department of State

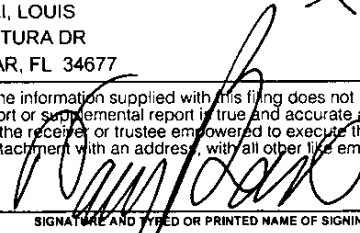
10. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> Delete
NAME	REILLY, JOSEPH	
STREET ADDRESS	278 TIMBERLANE CT	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BEVIS, DOUGLAS	
STREET ADDRESS	359 BAY ARBOR BLVD	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CARRUTHERS, JAMES	
STREET ADDRESS	338 VENTURA DRIVE	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	CROWSON, MICHAEL	
STREET ADDRESS	341 BAY ARBOR BLVD.	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JOHNSON, BRUCE H	
STREET ADDRESS	250 ARBOR WOOD CIRCLE	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SANTILLI, LOUIS	
STREET ADDRESS	358 VENTURA DR	
CITY-ST-ZIP	OLDSMAR, FL 34677	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 lines empowered.

SIGNATURE:  DATE: **3/13/07** DAYTIME PHONE #: **813.310.4454**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR