

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 06 1998 8:00am**  
**Secretary of State**

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 731552 (6)**

1. Corporation Name

**BAY ACRES ESTATES ASSOCIATION**

Principal Place of Business

Mailing Address

**511 BAYSHORE DR  
OSPNEY FL 34229  
US**

**511 BAYSHORE DR  
OSPNEY FL 34229  
US**

3. Date Incorporated or Qualified

**01/04/1975**

4. FEI Number

**59-2870211**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KOSANOVICH, TAD  
322 SUNSET DRIVE  
OSPNEY FL 34229**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85**

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

TITLE **TD** ☐ DELETE  
NAME **ZAMORSKI, IRMA L**  
STREET ADDRESS **511 BAYSHORE DR**  
CITY-ST-ZIP **OSPNEY FL**

TITLE **SD** ☐ DELETE  
NAME **KEITH, SANDY**  
STREET ADDRESS **320 BAY VISTA AVE**  
CITY-ST-ZIP **OSPNEY FL**

TITLE **PD** ☐ DELETE  
NAME **WHITE, BOB**  
STREET ADDRESS **612 BAYSHORE DRIVE**  
CITY-ST-ZIP **OSPNEY, FL 00000**

TITLE **D** ☐ DELETE  
NAME **BALLENGER, CHARLES M**  
STREET ADDRESS **618 BAYVIEW AVE**  
CITY-ST-ZIP **OSPNEY, FL 00000**

TITLE **D** ☐ DELETE  
NAME **KOSANOVICH, TAD**  
STREET ADDRESS **322 SUNSET DRIVE**  
CITY-ST-ZIP **OSPNEY FL**

TITLE **VD** ☐ DELETE  
NAME **MACKELLAR, JEAN**  
STREET ADDRESS **310 BAYSHORE DRIVE**  
CITY-ST-ZIP **OSPNEY, FL 00000**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *Irma L Zamorski* **1/29/98** **941-918-9190**

CR2E037 (10/97)