

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764028

FILED  
May 02, 2005  
Secretary of State

**Entity Name:** BAY SPRINGS HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

5636 BAYBROOK AVE  
ORLANDO, FL 32819 US

**New Principal Place of Business:**

**Current Mailing Address:**

5636 BAYBROOK AVE  
ORLANDO, FL 32819 US

**New Mailing Address:**

**FEI Number:** 59-2260655 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

PRINE, JUDY CPA  
5636 BAYBROOK AVE  
ORLANDO, FL 32819 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DUFFY, DAVID  
Address: 5405 BAYBROOK AVENUE  
City-St-Zip: ORLANDO, FL 32819

Title: VPD ( ) Delete  
Name: AMBROSE, CHRISTOPHER  
Address: 5375 ABELIA DR  
City-St-Zip: ORLANDO, FL 32819

Title: VPD ( ) Delete  
Name: LEVESQUE, MARY  
Address: 5444 BAYBROOK AVE  
City-St-Zip: ORLANDO, FL 32819

Title: VPD ( ) Delete  
Name: PETITT, KIM  
Address: 5404 SPRING RUN AVE  
City-St-Zip: ORLANDO, FL 32819

Title: VPD ( ) Delete  
Name: COX, MICHAEL  
Address: 4863 SPRING RUN AVE  
City-St-Zip: ORLANDO, FL 32819

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID DUFFY

PD

05/02/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date