

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764028

FILED
May 08, 2006
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 Chapter 119, 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

05/08/2006

Electronic Signature of Signing Officer or Director

Date