

## ANNUAL REPORT

DOCUMENT # 484866

1. Entity Name  
BAY REALTY OF SARASOTA, INC.Jan 18,  
SecrPrincipal Place of Business  
7101 SOUTH TAMiami TRAIL  
#C  
SARASOTA, FL 34231-5335 USMailing Address  
1705 SOUTHPOINTE DRIVE  
SARASOTA, FL 34231-5335

01142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1622026	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

## 6. Name and Address of Current Registered Agent

TARGEE, PHILLIP S  
1705 SOUTHPOINTE DR.  
SARASOTA, FL 34231DO NOT WRITE  
IN THIS SPACE

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TARGEE, PHILLIP S 1705 SOUTHPOINTE DR SARASOTA, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TARGEE, LINDA J 1705 SOUTHPOINTE DR SARASOTA, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP
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1100000183412  
01/19/05-80065-023 150.00DO NOT WRITE  
IN THIS SPACE

12. 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 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 607, 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 employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #