

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 28, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90085 039 \*\*\*\*61.25

<b>DOCUMENT # 716554</b> 1. Entity Name <b>BAY EAST ONE, INC., A CONDOMINIUM</b>			
Principal Place of Business <b>113 BRANDYWINE DR LARGO, FL 33771 US</b>		Mailing Address <b>C/O FLORIDA CENTRAL MANAGEMENT 2430 ESTANCIA AVE STE 114 CLEARWATER, FL 33761 US</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>Resource Property Mgmt 7300 Park Street</b>	
City & State <b>Seminole FL</b>		4. FEI Number <b>02162005 Chg-NP CR2E037 (10/03)</b>	
Zip <b>33777</b>		Country <b>US</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>LOTHRIDGE, DIRECTOR W C/O FLORIDA CENTRAL MANAGEMENT 2430 ESTANCIA BLVD STE 114 CLEARWATER, FL 33761</b>		7. Name and Address of New Registered Agent Name <b>Resource Property Mgmt</b> Street Address (P.O. Box Number is Not Acceptable) <b>7300 Park St</b> City <b>Seminole</b> <b>FL</b> Zip Code <b>33777</b>	
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: <u><i>Shirley Thomas</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS STALCUP, SHIRLEY 120 BRANDY WINE DR LARGO, FL 33771	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOTHRIDGE, WILLIAM 113 BRANDYWINE DRIVE LARGO, FL 33771	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD LOTHRIDGE, JAMA 121 BRANDYWINE DRIVE LARGO, FL 33771	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FAIR, FRANCES L 122 BRANDYWINE DRIVE LARGO, FL 33771	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANKENBAUER, JADA 111 BRANDY WINE DR LARGO, FL 33771	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, without other like empowered.			
SIGNATURE: <u><i>William Lothridge, President</i></u> <b>4/26/05 727-530-3139</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
<b>WILLIAM LOTHRIDGE</b>			