

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716554

FILED
Apr 13, 2006
Secretary of State

Entity Name: BAY EAST ONE, INC., A CONDOMINIUM

Current Principal Place of Business:

113 BRANDYWINE DR
LARGO, FL 33771 US

New Principal Place of Business:

Current Mailing Address:

C/O RESOURCE PROPERTY MGMT
7300 PARK STREET
SEMINOLE, FL 33777 US

New Mailing Address:

FEI Number: 59-1195498 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

RESOURCE PROPERTY MGMT
7300 PARK ST
SEMINOLE, FL 33777 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: DS () Delete
Name: STALCUP, SHIRLEY
Address: 120 BRANDY WINE DRI
City-St-Zip: LARGO, FL 33771

Title: PD () Delete
Name: LOTHBRIDGE, WILLIAM
Address: 113 BRANDYWINE DRIVE
City-St-Zip: LARGO, FL 33771

Title: DD () Delete
Name: LOTHBRIDGE, JAMA
Address: 121 BRANDYWINE DRIVE
City-St-Zip: LARGO, FL 33771

Title: VPD () Delete
Name: FAIR, FRANCES L
Address: 122 BRANDYWINE DRIVE
City-St-Zip: LARGO, FL 33771

Title: D () Delete
Name: ANKENBAUER, JADA
Address: 111 BRANDY WINE DR
City-St-Zip: LARGO, FL 33771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Change () Addition
Name: STALCUP, SHIRLEY
Address: 120 BRANDY WINE DRI
City-St-Zip: LARGO, FL 33771

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: WILLIAM LOTHBRIDGE

PD

04/13/2006

Electronic Signature of Signing Officer or Director

_____ Date