

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90085 041 ****61.25

DOCUMENT # 719071 1. Entity Name BAY EAST THREE, INC., A CONDOMINIUM			
Principal Place of Business 300 BRANDYWINE DR. LARGO, FL 33771 US		Mailing Address C/O FLORIDA CENTRAL 2430 ESTANCIA BLVD, SUITE 114 CLEARWATER, FL 33761 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1300 Park St	
City & State Seminole FL		City & State Seminole FL	
Zip 33777		Country US	
4. FEI Number 59-2344236		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLORIDA CENTRAL MANAGEMENT, INC. 2430 ESTANCIA BLVD BLVD 114 CLEARWATER, FL 33761		7. Name and Address of New Registered Agent Name Residence Property Mgmt Street Address (P.O. Box Number is Not Acceptable) 1300 Park Street City Seminole FL Zip 33777	
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>Dorothy Williams</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAMS, DOROTHY 404 BRANDYWINE DR LARGO, FL 33771	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHIFFLER, BEVERLY 401 BRANDYWINE DR LARGO, FL 33771	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATES, MARVIN 303 BRANDYWINE DR LARGO, FL 33771	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOVICH, PAULINE 503 BRANDYWINE DR LARGO, FL 33771	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EISENHART, JOAN 300 BRANDYWINE DR LARGO, FL 33771	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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, with all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
<small>Date</small>		<small>Daytime Phone #</small>	