

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90099 001 ****70.00

DOCUMENT # 719449	
1. Entity Name BAY TREE CLUB ASSOCIATION, INC.	

Principal Place of Business 8625 MIDNIGHT PASS ROAD OFFICE SARASOTA FL 34242	Mailing Address 8625 MIDNIGHT PASS ROAD OFFICE SARASOTA FL 34242
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/05)

City & State	City & State	4. FEI Number 59-1306626	Applied For ☐ Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MOORE, ROBERT 227 NOKOMIS AVE. S VENICE FL 34284-178	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B Director ☐ Delete WALKER, JACK 8635 MIDNIGHT PASS RD SARASOTA FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ☐ Delete BRILLO, ELIZABETH 8625 MIDNIGHT PASS RD. SARASOTA FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. ☐ Delete HOOD, JOAN 8630 MIDNIGHT PASS, A-102 SARASOTA FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ☒ Delete POWERS, ROBERT 8635 MIDNIGHT PASS RD SARASOTA FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Delete LANDIS, ED 8625 MIDNIGHT PASS RD SARASOTA FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Delete PLATT, AL 8630 MIDNIGHT PASS RD SARASOTA FL 34242

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secy. ☐ Change ☒ Addition Barry Livingston 8630 midnight Pass Rd A-302 Sarasota, Florida 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES. ☐ Change ☒ Addition Diana Werner 8635 Midnight Pass Rd. C-501 Sarasota, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director ☐ Change ☒ Addition BOB Martha A-103 8630 midnight Pass Rd. Sarasota, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director ☐ Change ☒ Addition BON Wagner 8630 midnight Pass Rd Sarasota, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Joan Hood JOAN HOOD 2/8/06 (941) 349-7373