2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#724503

Apr 29, 2006 Secretary of State

Entity Name: BAY OAKS CIRCLE ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4035 BAY OAKS CIRCLE ENGLEWOOD, FL 34223

Current Mailing Address: New Mailing Address:

4035 BAY OAKS CIRCLE ENGLEWOOD, FL 34223

FEI Number: 23-7422343 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PISCITELLI, DOMINIC 3080 BAY OAKS CIRCLE ENGLEWOOD, FL 34223 US

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete CARROLL, ROBERT CARROLL, ROBERT Name: Name: 3085 BAY OAKS CR Address: 3085 BAY OAKS CIRCLE Address: City-St-Zip: ENGLEWOOD, FL 34223 City-St-Zip: ENGLEWOOD, FL 34223

Title: () Delete Title: (X) Change () Addition

AMBROGIO, GAYLE Name: WAX, ROGER Name: Address: 3080 BAY OAKS CR Address:

4001 NORTH BEACH ROAD City-St-Zip: ENGLEWOOD, FL 34223 City-St-Zip: ENGLEWOOD, FL 34223

Title: () Delete Title: (X) Change () Addition

AMBROGIO, GAYLE DASHER, BARRY Name: Name: 3080 BAY OAKS CR Address: Address: 3075 BAY OAKS CR City-St-Zip: ENGLEWOOD, FL 34223 City-St-Zip: ENGLEWOOD, FL 34223

Title: Title: () Change () Addition () Delete

Name: CARROLL, BETTY SUE Name: Address: 3085 BAY OAKS CR Address: City-St-Zip: ENGLEWOOD, FL 34223 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

PISCITELLI, DOMINIC CARROLL, BETTY SUE Name: Name: 3080 BAY OAKS CR 3085 BAY OAKS CR Address: Address: City-St-Zip: ENGLEWOOD, FL 34223 City-St-Zip: ENGLEWOOD, FL 34223

Title: () Delete Title: () Change () Addition

LITTRELL. BONNIE Name: Name: Address: 4035 BAY OAKS CR Address: ENGLEWOOD, FL 34223 City-St-Zip: 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: BONNIE LITTRELL Т 04/29/2006