

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL-REPORT (AR)

FILED

Feb 02, 2004 08:00 AM  
Secretary of State

|                                                                                                                            |         |                                                                                                                               |         |
|----------------------------------------------------------------------------------------------------------------------------|---------|-------------------------------------------------------------------------------------------------------------------------------|---------|
| <b>DOCUMENT # 726495</b>                                                                                                   |         |                                              |         |
| 1. Entity Name<br>BAYTREE, A CONDOMINIUM, SECTION FOUR, INC.                                                               |         |                                                                                                                               |         |
| Principal Place of Business<br>423-17 SHEOAH BLVD.<br>WINTER SPRINGS FL 32708                                              |         | Mailing Address<br>423-17 SHEOAH BLVD.<br>WINTER SPRINGS FL 32708                                                             |         |
| 2. Principal Place of Business                                                                                             |         | 3. Mailing Address                                                                                                            |         |
| Suite, Apt #, etc.                                                                                                         |         | Suite, Apt #, etc.                                                                                                            |         |
| City & State                                                                                                               |         | City & State                                                                                                                  |         |
| Zip                                                                                                                        | Country | Zip                                                                                                                           | Country |
| 6. Name and Address of Current Registered Agent<br><br>KOSS, MARY LOUISE<br>423-17 SHEOAH BLVD.<br>WINTER SPRINGS FL 32768 |         | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |         |



MOORE CR2E037 (11/03)

4. FEI Number 59-1487470 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | STD<br>KOSS, MARY LOUISE<br>423-17 SHEOAH BLVD.<br>WINTER SPRINGS FL 32708 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>100000023840<br>02/02/04-80040-024 61.25 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DVP<br>SEILER, RUDOLPH<br>427-33 SHEOAH BLVD<br>WINTER SPRINGS FL 32708 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>STROKER, PAT<br>423-9 SHEOAH BLVD<br>WINTER SPRINGS FL 32708 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>MINANA, JAMES<br>423-18 SHEDAH BLVD<br>WINTER SPRINGS FL 32708 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <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 empowerments.

SIGNATURE: \_\_\_\_\_

*Mary Louise Koss*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/04

407.327-1848