2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Apr 16, 2007 8:00 am Secretary of State **DOCUMENT # 726495** 1. Entity Name 04-16-2007 90036 003 ****61.25 BAYTREE, A CONDOMINIUM, SECTION FOUR, INC. Principal Place of Business Mailing Address 423-17 SHEOAH BLVD. 423-17 SHEOAH BLVD. WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32708 2. Principal Place of Business - No P.O. Box # 3. Mailing Address P. o. Box 195771 Suite, Apt. #, etc. 680 WEST SR 434 Suito, Apt. #, etc. 1st MOORE CR2E037 (10/06) Suite City & State City & State 4. FEI Number Applied For Winter Spi 59-1487470 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 32719-5771 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KOSS, MARY LOUISE Street Address (P.O. Box Number is Not Acceptable) 423-17 SHEOAH BLVD. WINTER SPRINGS FL 32768 Zip Code 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. Lam familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 THE STD ☐ Delete Hill Change ■ Addition NAME KOSS, MARY LOUISE NAMI STREET ADDRESS 423-17 SHEOAH BLVD. STRLET ADDRESS CITY ST-ZIP WINTER SPRINGS FL 32708 CITY ST 7IP TITLE DVP Delete ШП Addition STROKER, PAT 423-9 Shear Blud Winter Sprup FL 32708 STROKER, PAT NAMI STREET ADDRESS 423-9 SHEOAH BLVD STREET LADORESS CITY ST-71P CITY ST ZIP WINTER SPRINGS FL 32708 Delete NAME NAMI MINANA, JAMES STREET ADDRESS 423-18 SHEDAH BLVD Shot i ADDRESS Winter Spring FL 32708 CITY ST-ZIP CHY ST 7/P WINTER SPRINGS FL 32708 JULE Delete ши □ Change □ Addition NAME NAMI STREET ADORESS STREET ADDRESS CITY-ST-7IP CHY ST 7IP 11111 ☐ Delete HIII Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY ST 7tP 1011 ☐ Delete mu. ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CHY-ST-ZIP CHY ST 7IP 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 eath; 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.

FILED

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