FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR -6 AM 6:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 726496 (3)

1. Corporation Name

BAYTREE, A CONDOMNIUM, SECTION NINE, INC.

Principal Place of Business	Mailing Address
52 E. SOUTH ST ORLANDO FL 32801 US	52 E. SOUTH ST ORLANDO FL 32801 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/24/1973
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-1516765 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 620 Nighthawk Cir
Suite, Apt. #, etc. 22
City & State 23 Winter Springs
Zip 24 32708 Country 25

2a. Mailing Address
26 c/oPaine-Anderson Properties
Suite, Apt. #, etc. 27 P.O. Box 195771
City & State 28 Winter Springs, Fl.
Zip 29 32719-5771 Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~DON ASHER & ASSOCIATES, INC.~~
~~52 EX SOUTH STREET~~
~~ORLANDO FL 32801~~

10. Name and Address of New Registered Agent

81 Name: Paine-Anderson Properties
82 Street Address (P.O. Box Number is Not Acceptable): 620 Nighthawk Circle
83
84 City: Winter Springs, Fl **FL** 85 Zip Code: 32708

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Paine-Anderson Properties, Inc.
Signature, Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	☐ Change ☐ Addition
NAME	FORSYTHE, WENDELL	1.2 NAME	
STREET ADDRESS	60 MOREE LOOP #41	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	~~PD~~	2.1 TITLE	D ☐ Change XX Addition
NAME	~~MALCOM, VAUGHN~~	2.2 NAME	Sam Mineo
STREET ADDRESS	~~70 MOREE LOOP #40~~	2.3 STREET ADDRESS	50-21 Moree Loop
CITY-ST-ZIP	~~WINTER SPRINGS FL~~	2.4 CITY-ST-ZIP	Winter Springs, Fl 32708
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	EGINTON, BARBARA	3.2 NAME	
STREET ADDRESS	40 MOREE LOOP #1	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	BROOKS, BOB	4.2 NAME	
STREET ADDRESS	438 MACGREGOR ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	~~D~~	5.1 TITLE	PD XX Change ☐ Addition
NAME	~~GRUCE, SUE~~	5.2 NAME	Sue Cruce
STREET ADDRESS	~~60 MOREE LOOP #42~~	5.3 STREET ADDRESS	60-42 Moree Loop
CITY-ST-ZIP	~~WINTER SPRINGS FL~~	5.4 CITY-ST-ZIP	Winter Springs, Fl. 32708
TITLE		6.1 TITLE	D ☐ Change X Addition
NAME		6.2 NAME	Brian O'Donnell
STREET ADDRESS		6.3 STREET ADDRESS	50-35 Moree Loop
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Winter Springs, Fl. 32708

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sue Cruce Sue Cruce 3/28/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0003619