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May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 726496 (3)
1. Corporation Name
BAYTREE, A CONDOMINIUM, SECTION NINE, INC.



Principal Place of Business Mailing Address
620 NIGHTHAWK CIR WINTER SPRINGS FL 32708 US
PO BOX 105771 WINTER SPRINGS FL 32710-5771 US

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified 05/24/1973 3a. Date of Last Report 03/29/1996
4. FEI Number 59-1516765 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
PAINE-ANDERSON PROPERTIES
620 NIGHTHAWK CIR
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	FORSYTHE, WENDELL	
STREET ADDRESS	60 MOREE LOOP #41	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MINEO, SAM	
STREET ADDRESS	50-21 MOREE LOOP	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EGINTON, BOB	
STREET ADDRESS	40-1 MOREE LOOP	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BROOKS, BOB	
STREET ADDRESS	438 MACGREGOR ROAD	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CRUCE, SUE	
STREET ADDRESS	60 MOREE LOOP #42	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SILVERMAN, BILL	
STREET ADDRESS	40-13 MOREE LOOP	
CITY-ST-ZIP	WINTER SPRINGS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mineo, Sam
2.3 STREET ADDRESS	50-21 Moree Loop
2.4 CITY-ST-ZIP	Winter Springs, FL 32708
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Cruce, Sue
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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: Wendell B. Forsythe Wendell Forsythe 4/14/97 (407) 695-7898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0013331

CR2E037 (9/96)