

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90096 047 ****61.25

0013317

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 726496

1. Corporation Name

BAYTREE, A CONDOMINIUM, SECTION NINE, INC.

Principal Place of Business

620 NIGHTHAWK CIR WINTER SPRINGS FL 32708 US

Mailing Address

PO BOX 196771 WINTER SPRINGS FL 32719 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/24/1973

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number 59-1516765

Applied For Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAINE-ANDERSON PROPERTIES 620 NIGHTHAWK CIR WINTER SPRINGS FL 32708

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

Margaret M. Anderson

MARGARET M. ANDERSON

4/12/99

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 SDT DELETE
NAME FORSYTHE, WENDALL
STREET ADDRESS 60 MOREE LOOP #41
CITY-ST-ZIP WINTER SPRINGS FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE P DELETE
NAME MINEO, SAM
STREET ADDRESS 50-21 MOREE LOOP
CITY-ST-ZIP WINTER SPRINGS FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D DELETE
NAME MUHAMMED, S
STREET ADDRESS 7059 MOROE LOOP
CITY-ST-ZIP WINTER SPGS FL 32708

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ~~VP~~ DELETE
NAME ~~BOGUE, D~~
STREET ADDRESS ~~60-47 MOREE LOOP~~
CITY-ST-ZIP ~~WINTER SPRINGS FL 32708~~

4.1 TITLE Change Addition
4.2 NAME DVP Marilyn Began
4.3 STREET ADDRESS 40-7 Moree Loop
4.4 CITY-ST-ZIP Winter Springs, FL 32708

TITLE D DELETE
NAME FOX, L
STREET ADDRESS 40-11 MOROE LOOP
CITY-ST-ZIP WINTER SPRINGS FL 32708

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ~~D~~ DELETE
NAME ~~SILVERMAN, BILL~~
STREET ADDRESS ~~40-13 MOROE LOOP~~
CITY-ST-ZIP ~~WINTER SPRINGS FL~~

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *Wendall Forsythe*

4/12/99

(407) 695-7898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)