2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 16, 2001 8:00 am Secretary of State **DOCUMENT # 726496** 1. Entity Name BAYTREE, A CONDOMINIUM, SECTION NINE, INC. 03-16-2001 90048 050 ****61.25 Principal Place of Business Mailing Address 620 NIGHTHAWK CIR PO BOX 195771 WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32719 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1516765 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7.- Name and Address of New Registered Agent ~~ Name Street Address (P.O. Box Number is Not Acceptable) **PAINE-ANDERSON PROPERTIES** 620 NIGHTHAWK CIR WINTER SPRINGS FL 32708 Zip Code City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **FILE NOW:** Make Check Payable to \$5.00 May Be Trust Fund Contribution. П FEE IS \$61.25 Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE ☐ Addition ☐ Delete MINEO, SAM NAME NAME 50-21 MOREE LOOP STREET ADDRESS STREET ADDRESS CITY-ST-7IP WINTER SPRINGS FL CITY-ST-ZIP Winder springs, EL 32708 ☐ Addition ☐ Delete TITLE ☐ Change MUHAMMED, S NAME STREET ADDRESS 70-59 MOREE LOOP STREET ADDRESS CITY-ST-ZIP WINTER SPGS FL 32708 CITY-ST-7IP DVP Change TITLE ☐ Delete TITLE ☐ Addition BEGAN, MARILYN Marilyn Began NAME NAME STREET ADDRESS 40-7 MOREE LOOP STREET ADDRESS 40-7-Moree-600P-CITY-ST-7/P WINTER SPRINGS FL 32708 CITY-ST-ZIP SDT TITLE TITI F ☐ Change Addition FOX. LYNN NAME Toyee Bednal NAME 70-57 Moree Loop Winter Sprange, pl 32708 STREET ADDRESS 40-11 MOREE LOOP STREET ADDRESS CITY-ST-ZIP WINTER SPRINGS FL 32708 CITY-ST-ZIP Robert Egiston ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS 40-1 Moree Loop Winter Springs, FL 32708 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE NAME NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information sindicated 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 empowered

STREET ADDRESS

CITY-ST-ZIP

14.4 SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP