2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

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Apr 19, 2004 8:00 am Secretary of State **DOCUMENT # 726496** 1. Entity Name 04-19-2004 90405 001 ****70.00 BAYTREE, A CONDOMINIUM, SECTION NINE, INC. Principal Place of Business Mailing Address PO BOX 195771 WINTER SPRINGS FL 32719 620 NIGHTHAWK CIR WINTER SPRINGS FL 32708 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) 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 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PAINE-ANDERSON PROPERTIES Street Address (P.O. Box Number is Not Acceptable) 620 NIGHTHAWK CIR WINTER SPRINGS FL 32708 City 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. I am familiar with, and accept the obligations of registered agent. KAREN PAINE-Adoch 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to П Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change TITLE ☐ Delete TITLE MINEO, SAM NAME NAME an Mines 50-21 Moree Loop 50-21 MOREE LOOP STREET ADDRESS STREET ADDRESS WINTER SPRINGS FL 32708 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition JITI E Delete Delete TITLE MUHAMMED, S NAME NAME 70-59 MOREE LOOP STREET ADDRESS STREET ADDRESS WINTER SPGS FL 32708 CiTY-ST-ZIP City-St-ZiP DP TITLE TITLE ☐ Change ☐ Addition Delete BEGAN, MARILYN NAME NAME 40-7 MOREE LOOP STREET ADDRESS STREET ADDRESS WINTER SPRINGS FL 32708 CITY-ST-ZIP CITY - ST-7IP ☐ Addition TITLE ☐ Delete TITLE STRADER, VICKI NAME NAME 50-29 MORNE LOOP STREET ADDRESS STREET ADDRESS WINTER SPRINGS FL 32708 CITY - ST - ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE DST NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP TITLE □ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 12. 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 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.

FILED