

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90044 027 ****70.00

DOCUMENT # 726496	
1. Entity Name BAYTREE, A CONDOMINIUM, SECTION NINE, INC.	

Principal Place of Business 680 WESR S.R. 434 SUITE 101 WINTER SPRINGS FL 32708 US	Mailing Address PO BOX 195771 WINTER SPRINGS FL 32719 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/07)

4. FEI Number 59-1516765		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PAINE-ANDERSON PROPERTIES 680 W. S.R. 434 SUITE 101 WINTER SPRINGS FL 32708		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

B. 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.

SIGNATURE *Karen Paine-Malcolm* *4/7/08*
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MINEO, SAM 50-21 MOREE LOOP WINTER SPRINGS FL 32708 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP STRADER, VICKI 50-29 MOREE LOOP WINTER SPRINGS FL 32708 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LUGO, MIGUEL 40-5 MOREE LOOP WINTER SPRINGS FL 32708 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition <i>D Lugo, Miguel</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition <i>DST Carolyn Miller 70-51 Moree Loop Winter Springs, FL 32708</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

SIGNATURE: *Carolyn Miller* *Vice-Pres* *4/7/08* *407 695-7898*