

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR -6 AM 6:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 726499 (7)
1. Corporation Name
BAY TREE, A CONDOMINIUM, SECTION TEN, INC.

Principal Place of Business Mailing Address
30-31 MOREE LOOP WINTER SPRINGS FL 32708
C/O ENERGY PROP. MGMT
P.O. BOX 950455
LAKE MARY FL 32735-0455
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/24/1973 3a. Date of Last Report 02/08/1994
4. FEI Number 59-1498163 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 10-3 Moree Loop 26 Paine-Anderson Properties
Suite, Apt. #, etc. P.O. Box 195771
22 Winter Springs, Fl. 32708 27 Winter Springs, Fl.
City & State City & State
24 Zip 25 Country 28 32719-5771 30 Country

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
XWEASE, DEBORAH L
168 W STATE ROAD 434
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent
81 Name Paine-Anderson Properties
82 Street Address (P.O. Box Number is Not Acceptable) 620 Nighthawk Circle
83 Winter Springs, Fl. 32719-5771
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.
SIGNATURE [Signature] Paine-Anderson Properties 3/28/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when constituting) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENNETT, HELEN	1.2 NAME	
STREET ADDRESS	20 MOREE LOOP #18	1.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER SPRINGS FL	1.4 CITY - ST - ZIP	
TITLE	DT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTHR, ANTHONY	2.2 NAME	
STREET ADDRESS	30-31 MOREE LOOP	2.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER SPRINGS, FL 00000	2.4 CITY - ST - ZIP	
TITLE	DP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACCARO, MICHAEL	3.2 NAME	
STREET ADDRESS	10-3 MOREE LOOP	3.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER SPRINGS, FL 00000	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNETT, JAMES	4.2 NAME	VP Barnett, James
STREET ADDRESS	20 MOREE LOOP 17	4.3 STREET ADDRESS	20 Moree Loop #7
CITY - ST - ZIP	WINTER SPRINGS, FL 00000	4.4 CITY - ST - ZIP	
TITLE	DV	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEVY, ALVIN	5.2 NAME	Jan Allen
STREET ADDRESS	3905 LAKE SARAH DRIVE	5.3 STREET ADDRESS	30-31 Moree Loop
CITY - ST - ZIP	ORLANDO FL	5.4 CITY - ST - ZIP	Winter Springs, Fl. 32708
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	INNANEN, WILLIAM	6.2 NAME	Jared Harrison
STREET ADDRESS	3000 LOUI COURT	6.3 STREET ADDRESS	20-23 Moree Loop
CITY - ST - ZIP	DELTONA FL	6.4 CITY - ST - ZIP	Winter Springs, Fl. 32708

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] Baccaro 3/28/95
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #