

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 726499 (7)

1. Corporation Name
BAY TREE, A CONDOMINIUM, SECTION TEN, INC.



Principal Place of Business: 10-3 ~~3333~~ MOREE LOOP WINTER SPRINGS FL 32708
Mailing Address: PAINE-ANDERSON PROPERTIES P.O. BOX 195771 WINTER SPRINGS FL 32719-5771 US

3. Date Incorporated or Qualified: 05/24/1973
3a. Date of Last Report: 04/06/1995
4. FEI Number: 59-1498163
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24
Country: 25
29
30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAINE-ANDERSON PROPERTIES
620 NIGHTHAWK CIRCLE
WINTER SPRINGS FL 32719

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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DS	<input type="checkbox"/> DELETE
NAME	DENNETT, HELEN	
STREET ADDRESS	20 MOREE LOOP #18	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MCARTHUR, ANTHONY	
STREET ADDRESS	30-31 MOREE LOOP	
CITY-ST-ZIP	WINTER SPRINGS, FL 00000	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	BACCARO, MICHAEL	
STREET ADDRESS	10-3 MOREE LOOP	
CITY-ST-ZIP	WINTER SPRINGS, FL 00000	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BARNETT, JAMES	
STREET ADDRESS	20 MOREE LOOP 17	
CITY-ST-ZIP	WINTER SPRINGS, FL 00000	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	LEVY, ALVIN	
STREET ADDRESS	3900 LAKE SARAH DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JINNANEN, WILLIAM	
STREET ADDRESS	3000 LODI COURT	
CITY-ST-ZIP	DELTONA FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D Allen, Jan
5.3 STREET ADDRESS	30-41 Moree Loop
5.4 CITY-ST-ZIP	Winter Springs, Fl. 32708
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D Friedman, Marlen
6.3 STREET ADDRESS	420 Club Dr.
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 119.07(3)(k), 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.

SIGNATURE: Michael Baccaro 25 Mar 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
President

CR2E037 (12/95)