

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 16 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 30-31 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 | 4. FEI Number 59-1498163 | Applied For <input type="checkbox"/> Not Applicable |
|--|------------------------------------|--|

| | |
|---|--|
| 2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country | 2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country |
|---|--|

| | |
|--|--|
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**PAINE-ANDERSON PROPERTIES
 820 NIGHTHAWK CIRCLE
 WINTER SPRINGS FL 32719**

10. Name and Address of New Registered Agent
 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|---------------------------------|
| 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 | SIBLEY, ROBERT | |
| STREET ADDRESS | 30-27 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 type="checkbox"/> DELETE |
| NAME | ALLEN, JAN | |
| STREET ADDRESS | 30-41 MOREE LOOP | |
| CITY-ST-ZIP | WINTER SPRINGS FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | FRIEDMAN, MARLEN | |
| STREET ADDRESS | 420 CLUB DR | |
| CITY-ST-ZIP | WINTER SPRINGS FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. 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 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 3-31-98 695-7898
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0012184

CR2E037 (10/97)