


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90387 038 *****61.25

DOCUMENT # 726499 1. Entity Name BAY TREE, A CONDOMINIUM, SECTION TEN, INC.			
Principal Place of Business 882 JACKSON AVE WINTER PARK, FL 32789		Mailing Address PO BOX 195595 WINTER SPRNGS, FL 32719	
2. Principal Place of Business <i>Presidential Group South</i> Suite, Apt. #, etc. 135 W. Pineview Street City & State Altamonte Springs FL		3. Mailing Address <i>Presidential Group South</i> Suite, Apt. #, etc. 135 W. Pineview St City & State Altamonte Springs FL	
Zip 32714 Country USA		Zip 32714 Country USA	
4. FEI Number 59-1498163		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRACKIN, ANDREA MGR C/O SPECIALTY MANAGEMENT COMPANY 882 JACKSON AVE WINTER PARK, FL. 32789		7. Name and Address of New Registered Agent Name <i>Presidential Group South</i> Street Address (P.O. Box Number is Not Acceptable) 135 W. Pineview St City Altamonte Springs FL Zip Code 32714	
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.			
SIGNATURE <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable.		DATE 4/14/04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DENNETT, HELEN 20 MOREE LOOP #18 WINTER SPRINGS, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S Naomi Bourgoin 10-1 Moree Loop Winter Springs FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SIBLEY, ROBERT E 30-27 MOREE LOOP WINTER SPRINGS, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DON, TERRY 30-37 MOREE LOOP WINTER SPRINGS, FL 32708	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALESHIRE, EDNA M 486 CLUB DR WINTER SPRINGS, FL 32708	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDMAN, MARLEN 420 CLUB DR WINTER SPRINGS, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANNAR, RONETTA 30-43 MOREE LOOP WINTER SPRINGS, FL 32708	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS 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.			
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	