


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2006 DEC 14 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 726499 1. Entity Name BAY TREE, A CONDOMINIUM, SECTION TEN, INC.	
---	---

Principal Place of Business PRESIDENTIAL GROUP SOUTH 135 W PINEVIEW STREET ALTAMONTE SPRINGS, FL 32714	Mailing Address PRESIDENTIAL GROUP SOUTH 135 W PINEVIEW STREET ALTAMONTE SPRINGS, FL 32714
--	--



2. Principal Place of Business <i>680 West SR 434</i>	3. Mailing Address <i>SAME</i>
Suite, Apt. #, etc. <i>Winter Springs, FL.</i>	Suite, Apt. #, etc.
City & State	City & State
Zip <i>32708</i> Country <i>USA</i>	Zip Country

12112006 REIN-NP CR2E099 (11/05)

4. FEI Number 59-1498163	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PRESIDENTIAL GROUP SOUTH 135 W PINEVIEW ST ALTAMONTE SPRINGS, FL 32714	7. Name and Address of New Registered Agent Name <i>Paine-Anderson Properties Inc</i> Street Address (P.O. Box Number is Not Acceptable) <i>680 West S.R. 434</i> City <i>Winter Springs FL</i> FL Zip Code <i>32708</i>
--	--

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 *[Signature]* DATE *12-10-06*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100082542021 12/14/06--01027--001 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS BOURGOIN, NIOMI 10-1 MOREE LOOP WINTER SPRINGS, FL 32708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DON, TERRY 30-37 MOREE LOOP WINTER SPRINGS, FL 32708 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALESHERE, EDNA M 486 CLUB DR WINTER SPRINGS, FL 32708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>VP Aleshire, Edna M. 486 Club Dr Winter Springs FL 32708</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>B 12/15/06</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>STATEMENT 06</i>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: X *Helen S. Dennett, President* Date *12/11/06* Daytime Phone # *407 695-7898*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #