


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90036 037 ****70.00

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



Principal Place of Business Mailing Address
**680 WEST SR 434
WINTER SPRINGS FL 32708
US** **680 WEST SR 434
WINTER SPRINGS FL 32708
US**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

1st MOORE CR2E037 (10/07)

4. FEI Number **59-1498163** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**PAINÉ-ANDERSON PROPERTIES INC.
680 WEST SR 434
WINTER SPRINGS FL 32708**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 Karen Paine-Malcolm **4/8/08**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature is not used when reinstating) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DENNETT, HELEN	
STREET ADDRESS	20 MOREE LOOP #18	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	TS	<input type="checkbox"/> Delete
NAME	BOURGOIN, NIOMI	
STREET ADDRESS	10-1 MOREE LOOP	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ALESHIRE, EDNA M	
STREET ADDRESS	486 CLUB DR	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bourgoin, Naomi	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Helene S. Dennett **President** **4/9/08** **407 695 7898**