

# 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

680 WEST SR 434  
WINTER SPRINGS FL 32708  
US

Mailing Address

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

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**PAINE-ANDERSON PROPERTIES INC.**  
**680 WEST SR 434**  
**WINTER SPRINGS FL 32708**

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

Signature, typed or printed name of registered agent and state 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

P  
DENNETT, HELEN  
20 MOREE LOOP #18  
WINTER SPRINGS FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TS  
BOURGOIN, NIOMI  
10-1 MOREE LOOP  
WINTER SPRINGS FL 32708

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

VP  
ALESHERE, EDNA M  
486 CLUB DR  
WINTER SPRINGS FL 32708

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP  
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Bourgoin, Naomi

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:

*Helen S. Dennett*

President

4/9/08

407 695 7898