

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90139 016 \*\*\*\*70.00

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<b>DOCUMENT # 731552</b>					
1. Entity Name BAY ACRES ESTATES ASSOCIATION					
Principal Place of Business 511 BAYSHORE DR OSPREY, FL 34229 US			Mailing Address 511 BAYSHORE DR OSPREY, FL 34229 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2870211	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WHITE, ROBERT J 612 BAYSHORE DRIVE OSPREY, FL 34229			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	PD	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, ROBERT J		NAME	ZAMORSKI, IRMA L	
STREET ADDRESS	612 BAYSHORE DR.		STREET ADDRESS	511 BAYSHORE DR	
CITY-ST-ZIP	OSPREY, FL 34229		CITY-ST-ZIP	OSPREY, FL 34229	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EIPPER, THOMAS		NAME	CLAY, THOMAS	
STREET ADDRESS	423 BAYSHORE DR		STREET ADDRESS	521 BAYSHORE DR	
CITY-ST-ZIP	OSPREY, FL 34229		CITY-ST-ZIP	OSPREY, FL 34229	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEITH, SANDY		NAME	SERAFINO, MARC	
STREET ADDRESS	320 BAY VISTA AVE.		STREET ADDRESS	532 SARABAY RD	
CITY-ST-ZIP	OSPREY, FL 34229		CITY-ST-ZIP	OSPREY, FL 34229	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZAMORSKI, IRRA L		NAME	WELLING, FRAN	
STREET ADDRESS	511 BAYSHORE DR		STREET ADDRESS	521 BAYSHORE DR	
CITY-ST-ZIP	OSPREY, FL 34229		CITY-ST-ZIP	OSPREY, FL 34229	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRYE, SHARON		NAME		
STREET ADDRESS	32 BAY AVE		STREET ADDRESS		
CITY-ST-ZIP	OSPREY, FL 34229		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, BRAD		NAME		
STREET ADDRESS	506 BAYSHORE DR.		STREET ADDRESS		
CITY-ST-ZIP	OSPREY, FL 34229		CITY-ST-ZIP		
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: <u>IRMA LEE ZAMORSKI TD</u>			MARCH 20, 2006 941-918-9190		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		