

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731552

FILED
Mar 24, 2008
Secretary of State

Entity Name: BAY ACRES ESTATES ASSOCIATION

Current Principal Place of Business:

511 BAYSHORE DR
OSPREY, FL 34229 US

New Principal Place of Business:

Current Mailing Address:

511 BAYSHORE DR
OSPREY, FL 34229 US

New Mailing Address:

FEI Number: 59-2870211 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EIPPER, THOMAS
423 BAYSHORE DRIVE
OSPREY, FL 34229 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: ZAMORSKI, IRMA L
Address: 511 BAYSHORE DR
City-St-Zip: OSPREY, FL 34229

Title: PD () Delete
Name: EIPPER, THOMAS
Address: 423 BAYSHORE DR
City-St-Zip: OSPREY, FL 34229

Title: VD () Delete
Name: KEITH, SANDY
Address: 320 BAY VISTA AVE.
City-St-Zip: OSPREY, FL 34229

Title: D () Delete
Name: KIVNEY, JOHN
Address: 24 BAY AVE
City-St-Zip: OSPREY, FL 34229

Title: D () Delete
Name: FRYE, SHARON
Address: 32 BAY AVE
City-St-Zip: OSPREY, FL 34229

Title: SD () Delete
Name: WELLING, FRAN
Address: 521 BAYSHORE DR
City-St-Zip: OSPREY, FL 34229

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: VENESKY, STEVE
Address: 452 BAY VISTA AVE.
City-St-Zip: OSPREY, FL 34229

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRMA L ZAMORSKI

TD

03/24/2008

Electronic Signature of Signing Officer or Director

_____ Date