

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # 737746 1. Entity Name BAY STREET VILLAS HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 844 BAY STREET SEBRING, FL 33870	Mailing Address 844 BAY STREET #1 SEBRING, FL 33870
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01052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0775539	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STORLIE, LYLE T 844 BAY ST #5 SEBRING, FL 33870

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IN THIS SPACE**

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STORLIE, LYLE T 844 BAY ST #5 SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP VANDERMOLLEN, FRANS 844 BAY STREET #8 SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MERIDITH, AUDREY 844 BAY ST #7 SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANTA, TOM 844 BAY ST #2 SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BANTA, PAT 844 BAY ST #2 SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD00000508650
04/28/06-80011-006 61.25

**DO NOT WRITE
IN THIS SPACE**

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: PAT BANTA PAT BANTA 863-382-9367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #