


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90099 007 ****61.25

DOCUMENT # 737746

1. Entity Name
BAY STREET VILLAS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**844 BAY STREET
 SEBRING, FL 33870**

Mailing Address
**844 BAY STREET
 #1
 SEBRING, FL 33870**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



02142007 Chg-NP CR2E037 (12/06)

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**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

**Filing Fee is \$61.25
 Due by May 1, 2007**

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	SD	<input type="checkbox"/> Delete
NAME	STORLIE, LYLE T	
STREET ADDRESS	844 BAY ST #5	
CITY-ST-ZIP	SEBRING, FL 33870	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	VANDERMOLLEN, FRANS	
STREET ADDRESS	844 BAY STREET #8	
CITY-ST-ZIP	SEBRING, FL 33870	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MERIDITH, AUDREY	
STREET ADDRESS	844 BAY ST #7	
CITY-ST-ZIP	SEBRING, FL 33870	
TITLE	D	<input type="checkbox"/> Delete
NAME	BANTA, TOM	
STREET ADDRESS	844 BAY ST #2	
CITY-ST-ZIP	SEBRING, FL 33870	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BANTA, PAT	
STREET ADDRESS	844 BAY ST #2	
CITY-ST-ZIP	SEBRING, FL 33870	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STORLIE, LYLE T.	
STREET ADDRESS	844 BAY ST #5	
CITY-ST-ZIP	SEBRING, FL 33870	
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		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANTA, TOM	
STREET ADDRESS	844 BAY ST #1	
CITY-ST-ZIP	SEBRING, FL 33870	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANTA, PAT	
STREET ADDRESS	844 BAY ST #1	
CITY-ST-ZIP	SEBRING, FL 33870	
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 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: Lyle T. Storlie **LYLE T. STORLIE**
PRESIDENT-DIRECTOR 4/4/07 863-382-2417