2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2008 8:00 am Secretary of State

DOCUMENT # 755045 1. Entity Name BAY HOLLOW CONDOMINIUM ASSOCIATION, INC.					05-01-200)8 90225 014 **** 61	.25
Principal Place 8600-8750 S BRADENTON,	54TH AVE. W	Mailing Address DELLCOR MANAGEMENT 310 PEARL AVENUE SARASOTA, FL 34243	, INC US				
2. Principal Pl	lace of Business - No P.O. Box #	3. Mailing Address				8) 8) 818 8 8 8 8 6 8 6 8 6 1	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		04252	008 Chg-NP	CR2E037 (12/06)	
City & State	6	City & State		4. FEI N 59-	lumber 2169104	├	oplied For ot Applicable
Zip	Country	Zip	Country	5. Certi	ficate of Status Desire	ed S8.75 Ad Fee Require	
	6. Name and Address of Curren	t Registered Agent		7. Nam	e and Address of Ne	w Registered Agent	
RUDGE, JAYNE C/O DELLCOR MANAGEMENT INC. 310 PEARL AVENUE SARASOTA, FL 34243			Street Ad	Street Address (P. O. Box Number & Not Agceptable) Codow Ste 2			
			Sent Co	rasot	71.	FL 教 學	ว็รร
	named entity submits this statement to ions of registered agent. CU Signature, typed or printed name of registered agent.	tlan	egistered office or	m Sutter		of Florida. I am familiar with 4/30/08 DATE	
	Filing Fee Is \$61.25 Due by May 1, 2008	9. Election Cam Trust Fund Co		\$5.00 Added to	May Be Fees	Make check payable t Florida Department of S	
10.	Due by May 1, 2008 OFFICERS AND D	Trust Fund Co	ontribution.	Added to ADDITION	Fees	Florida Department of S	tate N 10
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2008	Trust Fund Co	ontribution.	Added to	Fees	Florida Department of S	tate
TITLE NAME STREET ADDRESS	OFFICERS AND D P SURIOL, JOSE 8606 54TH AVE W	Trust Fund Co	11, TITLE NAME STREET ADDRESS	Added to ADDITION	Fees	Florida Department of S	tate N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P SURIOL, JOSE 8606 54TH AVE W BRADENTON, FL 34210 D BARRETT, LINDA 8610 54TH AVE W	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to ADDITION	Fees S/CHANGES TO OFF	Florida Department of S FICERS AND DIRECTORS IT Change	tate N 10 Addition
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12. I hereby certify that the information supplied with this filling 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:

Willen Sutton

William Sutton 4/30/08 941-921-539

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone