

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

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 755997

1. Entity Name
**EVANTON BAYE TOWNHOMES CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**4746 SOUTH OCEAN BLVD
HIGHLAND BCH, FL 33487**

Mailing Address
**4746 SOUTH OCEAN BLVD
HIGHLAND BCH, FL 33487**



02162006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2063077

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FANNING, EDWARD
4746 S OCEAN BLVD
HIGHLAND BEACH, FL 33987**

**DO NOT WRITE
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

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	MAZZELLA, ANNE J
STREET ADDRESS	4746 S OCEAN BLVD.
CITY-ST-ZIP	HIGHLAND BCH, FL 33487
TITLE	STD
NAME	DE MARCO, DONNA
STREET ADDRESS	4746 S OCEAN BLVD.
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487
TITLE	P
NAME	BRUNNER, RONALD
STREET ADDRESS	4746 S OCEAN BLVD
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000447857
03/09/06-80065-015 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.16.06

Date

Daytime Phone #