

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90020 033 ****61.25

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

40110310



01082007 No Chg-NP CR2E037 (4/06)

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

FANNING, Edward
4801 S. Ocean Blvd
HIGHLAND BEACH, FL
33487

**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.

Edward, Fanning

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/2007

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
MAZZELLA, ANNE J
4746 S OCEAN BLVD.
HIGHLAND BCH, FL 33487

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SEC
DE MARCO, DONNA
4746 S OCEAN BLVD.
HIGHLAND BEACH, FL 33487

Robert Kay
4746 S. Ocean Blvd
HIGHLAND BCH FL
33487

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SEC/Treas
BRUNNER, RONALD
4746 S OCEAN BLVD
HIGHLAND BEACH, FL 33487

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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

Date

Daytime Phone #

4/26/2007