

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 22, 2006
Secretary of State**

DOCUMENT# 770823

Entity Name: BAC BAY HEALTH AND RACQUET CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 W. SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 W. STATE ROAD 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 90-0014341 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT, INC.
2180 W. SR 434 STE. 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HECKMAN, JOYCE
Address: 22796 ISLAND PINES WAY #111
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: VPD () Delete
Name: WADSWORTH, HOWARD
Address: 22796 ISLAND PINES WAY #121
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: SD () Delete
Name: ANDERSON, LEWIS
Address: 695 E WESTERN RESERVE RD
City-St-Zip: POLAND, OH 44514

Title: D () Delete
Name: CARMELO, CARUANA
Address: 22796 ISLAND PINES WAY #124
City-St-Zip: FT MYERS BEACH, FL 33931

Title: D () Delete
Name: DEVITO, DANIEL
Address: 1882 KIMBALL ST
City-St-Zip: BROOKLYN, NY 11234

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOYCE HECKMAN

PD

03/22/2006

Electronic Signature of Signing Officer or Director

Date