

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

**FILED**  
**Mar 27, 2007**  
**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: SD (X) Change ( ) Addition  
Name: ANDERSON, LEWIS  
Address: 22772 ISLAND PINES WAY #214  
City-St-Zip: FORT MYERS BEACH, FL 33931

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

03/27/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date