

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G92777** (3)
1. Corporation Name
BAY RANCH HOME OWNERS ASSOCIATION, INC.



Principal Place of Business 7349 ULMER TON RD LOT 232 LARGO FL 34641-1842 US	Mailing Address 7349 ULMERTON RD LOT 232 LARGE FL 33771-4816 US	3. Date Incorporated or Qualified 03/23/1984	3a. Date of Last Report 02/26/1996
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2. Principal Place of Business 21 7349 ULMERTON RD Suite, Apt #, etc.	2a. Mailing Address 26 SAME Suite, Apt #, etc.	4. FEI Number 59-2417410	Applied For Not Applicable
22 LOT 140 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Largo FL Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 33771-4816	29 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FORD, EDWIN I. 2307 W. BAY DR LARGO FL 34641		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		85 Zip Code FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VPD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DRUMMOND, ELLEN		1.2 NAME PERKINS, JOHN	
STREET ADDRESS 7349 ULMERTON RD LOR 1322		1.3 STREET ADDRESS 7349 ULMERTON RD LOT 180	
CITY-ST-ZIP LARGO FL		1.4 CITY-ST-ZIP Largo, FL 33771	
TITLE SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE J	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CONWAYM MARGARET		2.2 NAME FRAZIER, Ethel	
STREET ADDRESS 7349 ULMERTON RD LOT 113		2.3 STREET ADDRESS 7349 ULMERTON RD LOT 140	
CITY-ST-ZIP LARGO FL		2.4 CITY-ST-ZIP Largo, FL 33771-4805	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KORREY, JAMES		3.2 NAME Helen Weaver	
STREET ADDRESS 7349 ULMERTON RD LOT 153		3.3 STREET ADDRESS 7349 ULMERTON RD LOT 1397	
CITY-ST-ZIP LARGO FL		3.4 CITY-ST-ZIP Largo FL 33771	
TITLE DT	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DOUGE, BILL		4.2 NAME STEIN CHARLOTTE	
STREET ADDRESS 7349 ULMERTON RD 232		4.3 STREET ADDRESS 7349 ULMERTON RD LOT 306	
CITY-ST-ZIP LARGO FL		4.4 CITY-ST-ZIP Largo FL 33771	
TITLE DVP	<input checked="" type="checkbox"/> DELETE	5.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME IVEY, THOMAS		5.2 NAME IVEY, THOMAS	
STREET ADDRESS 7349 ULMERTON RD LOT 1358		5.3 STREET ADDRESS 7349 ULMERTON RD LOT 1358	
CITY-ST-ZIP LARGO FL		5.4 CITY-ST-ZIP LARGO, FL. 33771	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BLOCHER, HEHER		6.2 NAME Koster, NEAL	
STREET ADDRESS 7349 ULMERTON RD LOT 148		6.3 STREET ADDRESS 7349 ULMERTON RD LOT 1364	
CITY-ST-ZIP LARGO FL		6.4 CITY-ST-ZIP Largo FL 33771	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ethel Frazier, Ethel Frazier Treas. 2/24/97 813-536-9566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)