

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

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90036 031 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # G92777**

1. Corporation Name  
**BAY RANCH HOME OWNERS ASSOCIATION, INC.**



Principal Place of Business  
 7349 ULMER TON RD  
 LOT 140  
 LARGO FL 33771-4805  
 US

Mailing Address  
 7349 ULMERTON RD  
 LOT 140  
 LARGE FL 33771-4805  
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29

3. Date Incorporated or Qualified -  
**03/23/1984**

4. FEI Number  
**59-2417410**

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

**FORD, EDWIN I.**  
 2307 W. BAY DR  
 LARGO FL 33771

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	PERKINS, JOHN	
STREET ADDRESS	7349 ULMERTON RD LOT 180	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FRAZIER, ETHEL	
STREET ADDRESS	7349 ULMERTON RD LOT 140	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	PHILIP SULLIVAN	
STREET ADDRESS	7349 ULMERTON RD LOT 167	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ELAINE REGETTA	
STREET ADDRESS	7349 ULMERTON RD LOT 1376	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SUSAN COOKE	
STREET ADDRESS	7349 ULMERTON RD LOT 273	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ELLEN DRUMMOND	
STREET ADDRESS	7349 ULMERTON RD #1322	
CITY-ST-ZIP	LARGO FL 33771	

1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DAVID ROGER S	
1.3 STREET ADDRESS	7349 ULMERTON RD #243	
1.4 CITY-ST-ZIP	LARGO, FL 33771	
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JACOB BENTZ	
2.3 STREET ADDRESS	7349 ULMERTON RD #176	
2.4 CITY-ST-ZIP	LARGO, FL 33771	
3.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LOUISE HENBEL	
3.3 STREET ADDRESS	7349 ULMERTON RD #1342	
3.4 CITY-ST-ZIP	LARGO, FL 33771	
4.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	STANLEY LISOWSKI	
4.3 STREET ADDRESS	7349 ULMERTON RD #1331	
4.4 CITY-ST-ZIP	LARGO, FL 33771	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ELLEN DRUMMOND	
6.3 STREET ADDRESS	7349 ULMERTON RD #1322	
6.4 CITY-ST-ZIP	LARGO, FL 33771	

14. I 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, with all other like empowered.

SIGNATURE: Ethel Frazier TREAS. Ethel Frazier 3/6/99 536-9566  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)