

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 APR -7 PM 12: 01**

**DOCUMENT # G95288 (8)**  
1. Corporation Name  
**BAYS END MANOR MOBILE HOMEOWNER'S ASSOCIATION, I  
NC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business      Mailing Address  
**3432 STATE ROAD 580      3432 STATE ROAD 580  
SAFETY HARBOR FL 34695      SAFETY HARBOR FL 34695**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**04/09/1984      02/25/1994**

2. Principal Place of Business      2a. Mailing Address

4. FEI Number      Applied For  
**59-2402989      Not Applicable**

21. Suite, Apt. #, etc.      25. Suite, Apt. #, etc.

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

22. City & State      27. City & State

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

23. Zip      Country      28. Zip      Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

24.      25.      29.      30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEICKEL JOHN P  
3432 S R 580 #347  
SAFETY HARBOR FL 34695**

81 Name      **Andre Cloutier**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3432 S.R. 580 #350**  
83  
84 City      **Safety Harbor, Fl. FL**      85 Zip Code      **34695**

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      *Andre Cloutier*      **Andre Cloutier, President**      DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>
NAME	<b>LEICKEL, JOHN P</b>
STREET ADDRESS	<b>3432 S.R. 580 #347</b>
CITY - ST - ZIP	<b>SAFETY HARBOR FL</b>
TITLE	<b>V</b>
NAME	<b>JEFFERY, WILLIAM</b>
STREET ADDRESS	<b>3432 STATE RD 580 #326</b>
CITY - ST - ZIP	<b>SAFETY HARBOR FL</b>
TITLE	<b>T</b>
NAME	<b>TRAGACK, DOROTHY</b>
STREET ADDRESS	<b>3432 STATE RD 580 #424</b>
CITY - ST - ZIP	<b>SAFETY HARBOR FL</b>
TITLE	<b>S</b>
NAME	<b>SYKES, MARGARET</b>
STREET ADDRESS	<b>3432 S.R. 580 #128</b>
CITY - ST - ZIP	<b>SAFETY HARBOR FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Andre Cloutier</b>
1.3 STREET ADDRESS	<b>3432 S.R. 580 #350</b>
1.4 CITY - ST - ZIP	<b>Safety Harbor, Fl. 34695</b>
2.1 TITLE	<b>Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Gilbert Sewart</b>
2.3 STREET ADDRESS	<b>3432 S.R. 580 #326</b>
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Andre Cloutier*      **President**      **(813) 797-4172**