

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G95288 (8)**

1. Corporation Name
BAYS END MANOR MOBILE HOMEOWNER'S ASSOCIATION, I NC.



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

3. Date Incorporated or Qualified: **04/09/1984**
3a. Date of Last Report: **04/07/1995**
4. FEI Number: **59-2402989**
Applied For: Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 25, 26, 27, 28, 29, 30
Suite, Apt. #, etc.:
City & State:
Zip: Country:

9. Name and Address of Current Registered Agent: **William Neuberger, 3432 St. R. 580 #105, SAFETY HARBOR FL 34695**
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 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: **William Neuberger Pres.** *William Neuberger* **3-19-96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature printed on certificate)

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	CLOUTIER, ANDRE William Neuberger
STREET ADDRESS	3432 S.R. 580 #850x Lot 105
CITY-ST-ZIP	SAFETY HARBOR FL
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	XXXX GILBERT
STREET ADDRESS	3432 STATE RD 580 #326
CITY-ST-ZIP	SAFETY HARBOR FL
TITLE	T <input type="checkbox"/> DELETE
NAME	TRAOACK, DOROTHY
STREET ADDRESS	3432 STATE RD 580 #424
CITY-ST-ZIP	SAFETY HARBOR FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	SYKES, MARGARET
STREET ADDRESS	3432 S.R. 580 #128
CITY-ST-ZIP	SAFETY HARBOR FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	William Neuberger
13 STREET ADDRESS	3432 S.R. 580 #105
14 CITY-ST-ZIP	Safety Harbor Fla 34695
21 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	William Jeffrey Jr.
23 STREET ADDRESS	3432 St.R. 580 #111
24 CITY-ST-ZIP	Safety Harbor, Fls 34695
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Gladys Courtemanche
43 STREET ADDRESS	3432 St. R. 580 #429
44 CITY-ST-ZIP	Safety Harbor, Fla. 34695
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 119.07(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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)