

FILED
Apr 07, 1999 8:00 am
Secretary of State

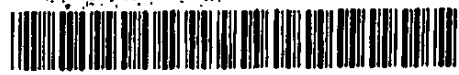
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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G95288

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/09/1984	
21	26	4. FEI Number 59-2402989		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip Country		29. Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent NEUBERGER, WILLIAM 3432 ST R 580 #105 SAFETY HARBOR FL 34695				10. Name and Address of New Registered Agent			
Roger Rivard 3432 St. Rd. #468 Safety Harbor Fl. 34695				81 Name ROGER C. RIVARD		82 Street Address (P.O. Box Number is Not Acceptable) 3432 SR 580 #468	
				83		84 City SAFETY HARBOR 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: ROGER C. RIVARD PRESIDENT *Rivard* DATE: 4/20/99

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEUBERGER, WILLIAM			1.2 NAME	Rivard, Roger		
STREET ADDRESS	3432 SR 580 LOT 105			1.3 STREET ADDRESS	3432 ST. RD. 580. Lot 468		
CITY-ST-ZIP	SAFETY HARBOR FL			1.4 CITY-ST-ZIP	Safety Harbor, FL 34695		
TITLE	VP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIVARD, ROGER			2.2 NAME	Treat, Charles		
STREET ADDRESS	3432 ST R 580 #468			2.3 STREET ADDRESS	3432 ST. RD. 580, Lot 303		
CITY-ST-ZIP	SAFETY HARBOR FL 34695			2.4 CITY-ST-ZIP	Safety Harbor, FL 34695		
TITLE	T	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRABACK, DOROTHY			3.2 NAME	Reichert, Agnes		
STREET ADDRESS	3432 STATE RD 580 #424			3.3 STREET ADDRESS	3432 ST. RD. 580. Lot 329		
CITY-ST-ZIP	SAFETY HARBOR FL			3.4 CITY-ST-ZIP	Safety Harbor, FL 34695		
TITLE	S	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JEFFREY, WILLIAM JR			4.2 NAME	Green, Howard		
STREET ADDRESS	3432 ST R 580 #111			4.3 STREET ADDRESS	3432 St. Rd. 580, Lot 216		
CITY-ST-ZIP	SAFETY HARBOR FL 34695			4.4 CITY-ST-ZIP	Safety Harbor, FL 34695		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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, upon an attachment with an address, with all other like empowered.

SIGNATURE: *Agnes Reichert* *Treasurer* DATE: 7-27-726-1504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)