

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90105 022 ***150.00

DOCUMENT # G95288

1. Entity 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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent
RIAVAD, ROGER
3432 SR 580 LOT 468
SAFETY HARBOR FL 34695

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **MP TREAT, CHARLES**
 STREET ADDRESS **3432 ST R 580 #303**
 CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE Change Addition

TITLE Delete
 NAME **P RIVARD, ROGER**
 STREET ADDRESS **3432 ST R 580 #468**
 CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE Change Addition

TITLE Delete
 NAME **T REICHERT, AGNES**
 STREET ADDRESS **3432 ST R 580 #329**
 CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE Change Addition

TITLE Delete
 NAME **S CLOUTIER, ANDRE**
 STREET ADDRESS **3432 SR 580 #216**
 CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *Agnes R Reichert* 2/14/02 727-726-1504
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)