


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90037 049 ***150.00

DOCUMENT # G95288
 1. Entity Name
BAYS END MANOR MOBILE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business
 3432 STATE ROAD 580
 SAFETY HARBOR, FL 34695

Mailing Address
 3432 STATE ROAD 580
 SAFETY HARBOR, FL 34695

50005452



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

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02222006 Chg-P CR2E034 (11/05)

4. FEI Number
NOT APPLICABLE Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
MARINO, SALVATORE J
3432 STATE ROAD 580
UNIT # 213
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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFREY, WILLIAM A		NAME	GILBERT SEWART	
STREET ADDRESS	3432 STATE RD 580, #111		STREET ADDRESS	3432 STATE ROAD 580, #326	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695		CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARR, WILLIAM		NAME	BARRY BEALS	
STREET ADDRESS	3432 STATE ROAD 580, # 133		STREET ADDRESS	3432 STATE ROAD 580, #250	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695		CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARINO, SALVATORE J		NAME		
STREET ADDRESS	3432 STATE ROAD 580, # 213		STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR, FL 34695		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, STU		NAME	BARBARA DAVIS	
STREET ADDRESS	3432 STATE RD 580, # 302		STREET ADDRESS	3432 STATE ROAD 580, #302	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695		CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Salvatore J. Marino* (SALVATORE J. MARINO) **MARCH 22, 2006**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

727-723-2191