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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name
BAYTREE OCEANSIDE, INC.

DOCUMENT # K56336 (6)

Mailing Address	Principal Place of Business
PO BOX 1500 VALLEY FORGE PA 19482-1500 US	1000 ADAMS AVE. NORRISTOWN PA 19403 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/06/1989	3a. Date of Last Report: 06/14/1993
4. FEI Number: 22-2053913	☐ 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
7. Nonprofit Exempt from $138.75 Supplemental Fee ☐	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Mailing Address	2a. Principal Place of Business
21 Resolution Trust Corp.	26
Suite, Apt. #, etc. 22 1000 Adams Avenue	Suite, Apt. #, etc. 27
City & State 23 Norristown, Penna.	City & State 28
Zip / Country 24 19403 / 25 Montgomery	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

31 Name

32 Street Address (P.O. Box Number is Not Acceptable)

33

34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	P/D	11 TITLE	
12 NAME	KITTO JAMES	12 NAME	
13 STREET ADDRESS	1000 ADAMS AVE	13 STREET ADDRESS	
14 CITY-ST-ZIP	VALLEY FORGE PA 19403	14 CITY-ST-ZIP	
21 TITLE	~~V/D~~	21 TITLE	V/D
22 NAME	~~GIANGIULIO JOHN R~~	22 NAME	ANDERSON B BRUCE
23 STREET ADDRESS	~~1000 ADAMS AVE.~~	23 STREET ADDRESS	1000 ADAMS AVE.
24 CITY-ST-ZIP	~~VALLEY FORGE PA~~	24 CITY-ST-ZIP	NORRISTOWN PA 19403
31 TITLE	V/D	31 TITLE	
32 NAME	WARD DANIEL A	32 NAME	
33 STREET ADDRESS	1000 ADAMS AVE.	33 STREET ADDRESS	
34 CITY-ST-ZIP	VALLEY FORGE PA 19403	34 CITY-ST-ZIP	
41 TITLE	S	41 TITLE	
42 NAME	HOUSTON MARGARET M	42 NAME	
43 STREET ADDRESS	1000 ADAMS AVE.	43 STREET ADDRESS	
44 CITY-ST-ZIP	VALLEY FORGE PA 19403	44 CITY-ST-ZIP	
51 TITLE	~~T~~	51 TITLE	T
52 NAME	~~HUDOME DONALD~~	52 NAME	ABDILL RICHARD J
53 STREET ADDRESS	~~1000 ADAMS AVE.~~	53 STREET ADDRESS	1000 ADAMS AVE.
54 CITY-ST-ZIP	~~VALLEY FORGE PA 19403~~	54 CITY-ST-ZIP	NORRISTOWN PA 19403
61 TITLE	~~V~~	61 TITLE	A/S
62 NAME	~~ANDERSON BRUCE~~	62 NAME	FREENOCK NANCY K
63 STREET ADDRESS	~~1000 ADAMS AVE.~~	63 STREET ADDRESS	1000 ADAMS AVE.
64 CITY-ST-ZIP	~~VALLEY FORGE PA 19403~~	64 CITY-ST-ZIP	NORRISTOWN PA 19403

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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Daniel A. Ward 7-26-94 610-631-4890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Daniel A. Ward - Vice President