

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90061 013 \*\*\*\*61.25

60011864



01192006 Chg-NP CR2E037 (11/05)

4. FEI Number **65-1125822** Applied For  Not Applicable

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

**DOCUMENT # N0100005226**  
 1. Entity Name  
**BAY STREET CENTER CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**7746 BAY STREET #4 SEBASTIAN, FL 32958**

Mailing Address  
**7746 BAY STREET #4 SEBASTIAN, FL 32958**

2. Principal Place of Business  
**7754 Bay St.**

3. Mailing Address  
**7754 Bay St.**

Suite, Apt. #, etc.  
**Suite 7**

City & State  
**Sebastian, FL**

City & State  
**Sebastian, FL**

Zip  
**32958** Country **USA**

Zip  
**32958** Country **USA**

6. Name and Address of Current Registered Agent  
**SHERAKO, FRANK J  
 7746 BAY STREET SUITE 4  
 SEBASTIAN, FL 32958**

7. Name and Address of New Registered Agent

Name **Farhat J. Khawaja**

Street Address (P.O. Box Number is Not Acceptable)  
**7754 Bay Street**

**Suite 7**

City **Sebastian** **FL** Zip Code **32958**

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 *[Signature]* DATE **1/23/06**

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

**Filing Fee is \$61.25 Due by May 1, 2006**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHERAKO, FRANK J	
STREET ADDRESS	7746 BAY STREET	
CITY-ST-ZIP	SEBASTIAN, FL 32958	
TITLE	D	<input type="checkbox"/> Delete
NAME	KHAWAJA, FARHAT J	
STREET ADDRESS	7754 BAY STREET	
CITY-ST-ZIP	SEBASTIAN, FL 32958	
TITLE	D	<input type="checkbox"/> Delete
NAME	DONER, KATHY S	
STREET ADDRESS	7766 BAY STREET	
CITY-ST-ZIP	SEBASTIAN, FL 32958	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETERSON, MARK A	
STREET ADDRESS	7740 BAY STREET	
CITY-ST-ZIP	SEBASTIAN, FL 32958	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Toile, Theresa W	
STREET ADDRESS	7746 Bay St.	
CITY-ST-ZIP	Sebastian, FL 32958	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 617, 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: *[Signature]* DATE **1/23/06** DAYTIME PHONE # **772-589-3001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR