

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90295 046 ****61.25

DOCUMENT # N02000007087					
1. Entity Name BAYVIEW VILLAS CONDOMINIUM ASSOCIATION OF OLDSMAR, INC.					
Principal Place of Business 1984 PINELLAS AVENUE S TARPON SPRINGS, FL 34689			Mailing Address 1984 PINELLAS AVENUE S TARPON SPRINGS, FL 34689		
2. Principal Place of Business 406 Bayview Blvd Suite, Apt. #, etc. 4		3. Mailing Address 406 Bayview Blvd Suite, Apt. #, etc. 4			
City & State Oldsmar, FL Zip 34677 Country USA		City & State Oldsmar, FL Zip 34677 Country USA		4. FEI Number 06-1650075	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent SKALSKI, JOSEPH C 14010 ROOSEVELT BLVD SUITE 708 CLEARWATER, FL 33762					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE DP NAME ROSENBAUM, DOUGLAS STREET ADDRESS 1984 PINELLAS AVENUE S CITY-ST-ZIP TARPON SPRINGS, FL 34689	<input type="checkbox"/> Delete		TITLE Pres. Trust NAME Michael Mattingly STREET ADDRESS 406 Bayview Blvd #4 CITY-ST-ZIP Oldsmar, FL 34677	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DV NAME MONBARREN, DIANE STREET ADDRESS 1984 PINELLAS AVENUE S CITY-ST-ZIP TARPON SPRINGS, FL 34689	<input type="checkbox"/> Delete		TITLE Vice Pres NAME Capon Santos STREET ADDRESS 406 Bayview Blvd #2 CITY-ST-ZIP Oldsmar, FL 34677	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DST NAME ROSEBAUM, ALLAN STREET ADDRESS 1984 PINELLAS AVENUE S CITY-ST-ZIP TARPON SPRINGS, FL 34689	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 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: <i>Michael Mattingly</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3-21-05		Daytime Phone # 813-988-6925

50043105