

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90291 035 ***61.25

DOCUMENT # N02000007087

1. Entity Name
**BAYVIEW VILLAS CONDOMINIUM ASSOCIATION OF
OLDSMAR, INC.**



Principal Place of Business
**406 BAYVIEW BLVD
4
OLDSMAR, FL 34677**

Mailing Address
**406 BAYVIEW BLVD
4
OLDSMAR, FL 34677**

60025815



02162006 Chg-NP CR2E037 (11/05)

4. FEI Number
06-1650075

Applied For
Not Applicable

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

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 **Michael Mattingly**

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

406 Bayview Blvd #4

City **OLDSMAR**

FL

Zip Code **34677**

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

Michael Mattingly

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/13/06

DATE

**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 **PT** ☐ Delete
NAME **MATTINGLY, MI CHAEL**
STREET ADDRESS **406 BAYVIEW BLVD #4**
CITY - ST - ZIP **OLDSMAR, FL 34677**

TITLE **VPS** ☐ Delete
NAME **SANTOS, CARON**
STREET ADDRESS **406 BAYVIEW BLVD #2**
CITY - ST - ZIP **OLDSMAR, FL 34677**

TITLE **DST** ☒ Delete
NAME **ROSEBAUM, ALLAN**
STREET ADDRESS **1984 PINELLAS AVENUE S**
CITY - ST - ZIP **TARPON SPRINGS, FL 34689**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

Michael Mattingly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/06

Date

(13-918-6925

Daytime Phone #