

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90015 033 ****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**

DO NOT WRITE IN THIS SPACE

40100000



04202007 No Chg-NP CR2E037 (4/06)

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**

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PT
MATTINGLY, MICHAEL
406 BAYVIEW BLVD #4
OLDSMAR, FL 34677**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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

Michael Mattingly

Date

4-18-07

Daytime Phone #

813-986-725

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR