

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

03-03-2006 90111 031 *****61.25
IN05000000109



FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

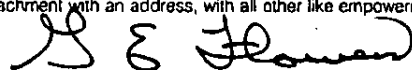


1st MOORE CR2E037 (10/05)

DOCUMENT # N05000000109					
1. Entity Name TOWNHOMES AT BAY ISLE PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 625 COURT STREET SUITE 200 CLEARWATER FL 33756			Mailing Address 625 COURT STREET SUITE 200 CLEARWATER FL 33756		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 30-4806563 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLINE, HARRY S 2637 MCCORMICK DR CLEARWATER FL 33759			7. Name and Address of New Registered Agent Name G. E. FLOWERS Street Address (P.O. Box Number is Not Acceptable) 2637 MCCORMICK DR. City CLEARWATER FL 33759 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  DATE 2-14-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW. FEE IS \$61.25 Due By May 1, 2006		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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLOWERS, GE		NAME		
STREET ADDRESS	2637 MCCORMICK DR		STREET ADDRESS		
CITY- ST- ZIP	CLEARWATER FL 33759		CITY- ST- ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, LARRY		NAME		
STREET ADDRESS	2637 MCCORMICK DR		STREET ADDRESS		
CITY- ST- ZIP	CLEARWATER FL 33759		CITY- ST- ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACZKO, THERESA		NAME		
STREET ADDRESS	2637 MCCORMICK DR		STREET ADDRESS		
CITY- ST- ZIP	CLEARWATER FL 33759		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:



2-14-06 727-373-3866