


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N12580</b> 1. Entity Name <b>BAY PINES ANNEX ASSOCIATION, INC.</b>	
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Principal Place of Business <b>5640 SEMINOLE BLVD. SEMINOLE FL 33772</b>	Mailing Address <b>5640 SEMINOLE BLVD LOT 335 SEMINOLE FL 33772</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent <b>SAXION, GAIL F 5640 SEMINOLE BLVD. LOT 341 SEMINOLE FL 33772</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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4. FEI Number <b>59-2664990</b>	Applied For Not Applicable
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>SAXION, GAIL F</b> <b>5640 SEMINOLE BLVD. LOT 341</b> <b>SEMINOLE FL 33772</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>BROWN, MAGARET</b> <b>5460 SEMINOLE BLVD. 340</b> <b>SEMINOLE FL 33772</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>THOMAS, URBANSKI</b> <b>5640 SEMINOLE BLVD LOT 258</b> <b>SEMINOLE FL 33772</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>WATERS, JAMES</b> <b>5640 SEMINOLE BLVD. #256</b> <b>SEMINOLE FL 33772</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>FOSTER, FLORENCE</b> <b>5640 SEMINOLE BLVD. #340</b> <b>SEMINOLE FL 33772</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>GRIFFEY, DARYLL</b> <b>5640 SEMINOLE BLVD. #349</b> <b>SEMINOLE FL 33772</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

1106600226020  
02/11/05-80060-022 \$1.25

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: Gail F. Saxion GAIL F. SAXION 2-1-05 727-398-7162  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #