## **2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Feb 28, 2005 8:00 am Secretary of State

1. Entity Nam	MENT # N13253 BE BAY HOMEOWNERS	S ASSOCIATION, INC	). 			02-28-200	5 90239	005 ****	51.25	
Principal Place of Business 1307 43RD AVE. DR. W. PALMETTO, FL 34221			Mailing Address 1307 43RD AVE. DR. W. PALMETTO, FL 34221			50020846				
2. Principal P	Place of Business	3. Mailing Address	-		_					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-NP		37 (10/03)		
City & Stat	е	City & State			4. FEI Number 59-2628			Ap	oplied For	
Zip	Country	Zip	Zip Country			f Status Desired		\$8.75 Add		
	6. Name and Address of Cur	rent Registered Agent			7. Name and A	ddress of New F	Registered			
			•	Name		<del>-</del>				
4334 15TH	AS, DENISE I WAY O, FL 34221		-	Street Address	(P.O. Box Number	is Not Acceptabl	le)			
; ;				City			FL	Zip Cod	e	
8. The above	named entity submits this statement tions of registered agent.	ent for the purpose of changin	g its registered	office or registe	ered agent, or both	, in the State of FI			and accept	
SIGNATURE .	3									
	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Registered A	gent signature require	ed when reinstating)		DATE	. =-		
	Signature, typed or printed name of registered Filling Fee is \$61.25 Due by May 1, 2005	9. Election	(NOTE: Registered Ap Campaign Fina nd Contribution	ancing	\$5.00 May Be Added to Fees		Make chec	k payable to		
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election	Campaign Fina	ancing	\$5.00 May Be	Flo	lake chec	rtment of Si	tate	
10.	Filing Fee is \$61.25 Due by May 1, 2005  OFFICERS AN	9. Election Trust Fu	Campaign Finand Contribution  1. 11.	ancing	\$5.00 May Be Added to Fees ADDITIONS/CHAI	FIGURE NGES TO OFFICE	Make chec rida Depa ERS AND D	rtment of Si	tate	
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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: Devise Calamillas, Treasurer	2/23/05	9417508118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #