

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36788

FILED
Mar 21, 2007
Secretary of State

Entity Name: BAYTREE VILLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3016116

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W
% SENTRY MANAGEMENT, INC.
2180 WEST SR 434 STE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CROSS, HERB
Address: 438 BAYTREE BLVD
City-St-Zip: TAVARES, FL 32778

Title: VPD () Delete
Name: CHERNE, ALVO
Address: 589 JUNIPER WAY
City-St-Zip: TAVARES, FL 32778

Title: TD () Delete
Name: COBB, MEL
Address: 616 JUNIPER WAY
City-St-Zip: TAVARES, FL 32778

Title: SD () Delete
Name: RUSSELL, DEE
Address: 317 BAYTREE BLVD
City-St-Zip: TAVARES, FL 32778

Title: D () Delete
Name: BROTHERS, JACK
Address: 2319 BAYWATER RD
City-St-Zip: TAVARES, FL 32778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RUSSELL, DEE
Address: 317 BAYTREE BLVD
City-St-Zip: TAVARES, FL 32778

Title: VPD (X) Change () Addition
Name: BURGOON, TOM
Address: 7061 TREE TOP LN
City-St-Zip: ROCKFORD, MI 49341

Title: SD (X) Change () Addition
Name: DANCKAERT, MARIA
Address: 41992 BROOKVIEW LN
City-St-Zip: CLINTON TOWNSHIP, MI 48038

Title: TD (X) Change () Addition
Name: WHITBECK, CALVIN
Address: 120 JUNIPER WAY
City-St-Zip: TAVARES, FL 32778

Title: D (X) Change () Addition
Name: FRYER, DENNIS
Address: 1313 GENERA RD
City-St-Zip: PENN YAN, NY 14527

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEE RUSSELL

PD

03/21/2007

Electronic Signature of Signing Officer or Director

Date