

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36788

FILED
Mar 10, 2008
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:

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

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: JAMES W HART JR

03/10/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DUDLEY, CHERYL
Address: 331 JUNIPER WAY
City-St-Zip: TAVARES, FL 32778

Title: TD (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 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

03/10/2008

Electronic Signature of Signing Officer or Director

Date