

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39358

FILED
Apr 08, 2007
Secretary of State

Entity Name: BAYHEAD LANDINGS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 478
SAN ANTONIO, FL 33576 US

New Principal Place of Business:

HANCOCK BLUFF ROAD
SAN ANTONIO, FL 33576 US

Current Mailing Address:

PO BOX 478
SAN ANTONIO, FL 33576 US

New Mailing Address:

FEI Number: 59-3117405 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SALZGEBER, NEIL F
18331 HANCOCK BLUFF RD
DADE CITY, FL 33523 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: BAKER, FRANK
Address: 18051 HANCOCK BLUFF ROAD
City-St-Zip: DADE CITY, FL 33523

Title: SD () Delete
Name: BAKER, ANNE MARIE
Address: 18051 HANCOCK BLUFF ROAD
City-St-Zip: DADE CITY, FL 33523

Title: VD () Delete
Name: MILLER, TONY
Address: 29301 INDIAN POND COURT
City-St-Zip: DADE CITY, FL 33523

Title: TR () Delete
Name: SALZGEBER, NEIL F
Address: 18331 HANCOCK BLUFF RD
City-St-Zip: DADE CITY, FL 33523

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

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: NEIL SALZGEBER

TR

04/08/2007

Electronic Signature of Signing Officer or Director

Date