


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N49201</b> 1. Entity Name <b>BAYFIELD OAKS HOMEOWNERS' ASSOCIATION, INC.</b>	
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Principal Place of Business <b>8005 17TH AVE W BRADENTON, FL 34209</b>	Mailing Address <b>8005 17TH AVE W BRADENTON, FL 34209</b>
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**DO NOT WRITE IN THIS SPACE**



02142006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**65-0482520**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fees Required

6. Name and Address of Current Registered Agent

**KNOWLES, TIMOTHY A.  
1205 MANATEE AVE W  
BRADENTON, FL 34205**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)

**Filing Fee is \$61.25  
Due by May 1, 2006**

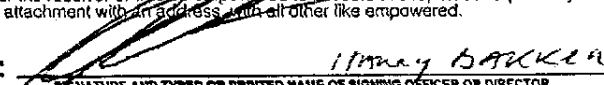
9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**000000436234**  
**02/27/06-80031-016 61.25**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS BAKKER, HARRY 8005 17TH AVE W BRADENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT BAKKER, BETTY 8005 17TH AVE W BRADENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNOWLES, TIMOTHY A. 1205 MANATEE AVE W BRADENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/14/06**  
Daytime Phone # \_\_\_\_\_