

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90204 040 ****61.25

DOCUMENT # N93000004124

1. Entity Name

BAYTREE COMMUNITY ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 100130
PALM BAY FL 32910
US

Mailing Address

P.O. BOX 100130
PALM BAY FL 32910
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3240452

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAYSIDE MANAGEMENT SERVICES
MARIE THIBODEAUX, AGENT
515 WILLOW OAK CT. NE
PALM BAY FL 32907**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DASILVA, ARTHUR	
STREET ADDRESS	1043 BALMORAL WAY	
CITY - ST - ZIP	MELBOURNE FL 32940	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	STUBBS, TONY	
STREET ADDRESS	7971 CHATNAM CT.	
CITY - ST - ZIP	MELBOURNE FL 32940	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SMAIL, DONNA	
STREET ADDRESS	1103 BALMORAL WAY	
CITY - ST - ZIP	MELBOURNE FL 32940	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WYANT, DENNIS	
STREET ADDRESS	395 BAYREE DRIVE	
CITY - ST - ZIP	MELBOURNE FL 32940	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FINATROCK, JOHN	
STREET ADDRESS	510 ROYSTON LANE	
CITY - ST - ZIP	MELBOURNE FL 32940	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WATMAN, SONAME	
STREET ADDRESS	554 Ashwood Ct.	
CITY - ST - ZIP	Melbourne, FL 32940	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMAIL, Loe	
STREET ADDRESS	1103 Balmoral Way	
CITY - ST - ZIP	Melbourne, FL 32940	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Antoon, George	
STREET ADDRESS	1404 Arundel Way	
CITY - ST - ZIP	Melbourne, FL 32940	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mills, Melvin	
STREET ADDRESS	8200 Compton Way	
CITY - ST - ZIP	Melbourne, FL 32940	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

John W. Finatrock

2/10/06

321-751-0241