

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004124

FILED  
May 01, 2012  
Secretary of State

**Entity Name:** BAYTREE COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

3908 GARDENWOOD CIR  
GRANT, FL 32949 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 100130  
PALM BAY, FL 32910 US

**New Mailing Address:**

**FEI Number:** 59-3240452

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BAYSIDE MANAGEMENT SERVICES  
3908 GARDENWOOD CIR  
GRANT, FL 32949 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  
**Name:** TAYLOR, DAVID  
**Address:** 8007 DUNCASTLE CT  
**City-St-Zip:** MELBOURNE, FL 32940

**Title:** D  
**Name:** GILBERT, RICHARD  
**Address:** 8092 OLD TRAMWAY  
**City-St-Zip:** MELBOURNE, FL 32940

**Title:** TD  
**Name:** FUGARO, ANTHONY  
**Address:** 306 SANDHURST DR  
**City-St-Zip:** MELBOURNE, FL 32940

**Title:** VP  
**Name:** KNIGHT, GASTON  
**Address:** 8252 OLD TRAMWAY  
**City-St-Zip:** MELBOURNE, FL 32940

**Title:** S  
**Name:** CASTRO, LUCIANO  
**Address:** 9252 OLD TRAMWAY  
**City-St-Zip:** MELBOURNE, FL 32940

I hereby 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 all other like empowered.

**SIGNATURE:** SARA LAPOINTE

AGNT

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date