

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000975

FILED
May 01, 2010
Secretary of State

Entity Name: BAYCREST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

%GULF BREEZE MGMT SVCS OF SW FL, LLC
8910 TERRENE CT STE 200
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

Current Mailing Address:

%GULF BREEZE MGMT SVCS OF SW FL, LLC
8910 TERRENE CT STE 200
BONITA SPRINGS, FL 34135 US

New Mailing Address:

FEI Number: 65-0501853 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WEIDNER, RALPH L
%GULF BREEZE MGMT SVCS OF SW FL, LLC
8910 TERRENE CT STE 200
BONITA SPRINGS, FL 34135 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: WHELAN, WILLIAM P
Address: 25242 GALASHIELDS CIRCLE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: PD
Name: HUFFMAN, KEITH
Address: 25422 GALASHIELDS CIRCLE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: SD
Name: HARA, MARILYN G
Address: 25241 GALASHIELDS CIRCLE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VD
Name: LINEGAR, J.C.
Address: 25424 GALASHIELDS CIRCLE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: TD
Name: COULSON, DON E
Address: 25352 GALASHIELDS CIRCLE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D
Name: BLOCH, THOMAS J
Address: 25234 GALASHIELDS CIRCLE
City-St-Zip: BONITA SPRINGS, FL 34134

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: KEITH HUFFMAN

PRES

05/01/2010

Electronic Signature of Signing Officer or Director

Date