

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90412 032 ****61.25

DOCUMENT # N96000001529

1. Entity Name
**BAYTREE CORPORATE PARK PROPERTY OWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**1980 N ATLANTIC AVE
#701
COCOA BEACH, FL 32931**

Mailing Address
**1980 N ATLANTIC AVE
#701
COCOA BEACH, FL 32931**

50008669



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03142006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-3471237

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**DAVIS, PETEY
1980 N ATLANTIC AVE
#701
COCOA BEACH, FL 32931**

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

Filing 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME COTTON, STEPHEN
STREET ADDRESS 2123 FRANKLIN DR. NE
CITY-ST-ZIP PALM BAY, FL 32905

TITLE ☒ Change ☐ Addition
NAME **VPD**
STREET ADDRESS **Cotton, Stephen**
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME HOYMAN, CHARLES
STREET ADDRESS 215 BAYTREE DR SUITE 1
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME SCHILLINGER, CHARLES
STREET ADDRESS PO BOX 410818
CITY-ST-ZIP MELBOURNE, FL 32941

TITLE ☒ Change ☐ Addition
NAME **PD**
STREET ADDRESS **Schillinger, Charles**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Daytime Phone #

Charles L. Hoyman 3/28/06 321-255-0088