


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 05 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
 Sandra B. Northam
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N96000005992 (0)
 1. Corporation Name
 THE BAYTREE CENTER ASSOCIATION, INC.



Principal Place of Business
 350 Waymont Ct.
 3455 LAKE MARY BLVD.
 LAKE MARY FL 32746

Mailing Address
 350 Waymont Court
 3455 LAKE MARY BLVD.
 LAKE MARY FL 32746

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/25/1996
 3a. Date of Last Report N/A

2. Principal Place of Business
 21 350 WAYMONT CT
 Suite, Apt. #, etc.
 22 350 WAYMONT CT
 City & State
 23 LAKE MARY FL
 Zip 32746 Country Seminole

2a. Mailing Address
 26 BAYTREE CENTER ASSOC
 Suite, Apt. #, etc.
 27 350 WAYMONT CT
 City & State
 28 LAKE MARY, FL
 Zip 32746 Country Seminole


4. FEI Number 59-343381
 Applied For Not Applicable

6. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 SHARP, BOBBY M
 3455 LAKE MARY BLVD.
 LAKE MARY FL 32746

10. Name and Address of New Registered Agent
 81 Name BOBBY M. SHARP
 82 Street Address (P.O. Box Number Is Not Acceptable) 350 WAYMONT CT
 83
 84 City LAKE MARY FL 85 Zip Code 32746

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE  DATE 7/21/97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHARP, BOBBY M	
STREET ADDRESS	424 OAKHAVEN DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CANAL, JOHN W	
STREET ADDRESS	240 SOUTH CRYSTAL DRIVE -240	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	CANAL, BETSY	
STREET ADDRESS	240 SOUTH CRYSTAL DRIVE 240	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE  SIGNATURE RECEIVED  7/21/97 (162) 322 0160

CR2E037 (4/97)