

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90105 003 ****61.25

0016138

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N96000005992

1. Corporation Name
THE BAYTREE CENTER ASSOCIATION, INC.

Principal Place of Business WAYMONT CT LAKE MARY FL 32746 US	Mailing Address P O BOX 950337 LAKE MARY FL 32795-337 US
---	---



2. Principal Place of Business 21 Baytree Center Suite, Apt. #, etc. 22 Waymont Court City & State 23 Lake Mary, FL Zip 24 32746 Country 25 USA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 11/25/1996	4. FEI Number 59-3433381	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SHARP, BOBBY M
350 WAYMONT CT
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	
CITY-ST-ZIP	SANFORD FL - 32733	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	CANAL, BETSY	
STREET ADDRESS	240 SOUTH CRYSTAL DRIVE	
CITY-ST-ZIP	SANFORD FL	
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	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dan Picek	
1.3 STREET ADDRESS	310 Waymont Court	
1.4 CITY-ST-ZIP	Lake Mary, FL 32746	
2.1 TITLE	Director -	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Charles Turner	
2.3 STREET ADDRESS	225 Waymont Court	
2.4 CITY-ST-ZIP	Lake Mary, FL 32746	
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 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, with all other like empowered.

SIGNATURE: John W Canal DATE: Apr. 5, 1999 DAYTIME PHONE #: 323-7670

CR2E037-(11/98)