

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90112 031 ****61.25

DOCUMENT # N96000005992

1. Entity Name

THE BAYTREE CENTER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2180 WEST SR 434, SUITE 5000
 LONGWOOD FL 32774-5044
 US

2180 W SR 434
 5000
 LONGWOOD FL 32779
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3433381

Applied For

Not Applicable

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

HART, JAMES W JR
SENTRY MGMT INC
2180 W SR 434 #5000
LONGWOOD FL 32779

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD Delete
 NAME: STENSRUD, MIKE
 STREET ADDRESS: 250 WAYMONT CT #120
 CITY-ST-ZIP: LAKE MARY FL 32746

TITLE: D Change Addition
 NAME: FURCONI, DION
 STREET ADDRESS: 385 WAYMONT CT #101
 CITY-ST-ZIP: LAKE MARY, FL 32746

TITLE: VD Delete
 NAME: GOERGEN, JOHN
 STREET ADDRESS: 446 STONEWOOD LN
 CITY-ST-ZIP: MATLAND FL 32751

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

TITLE: SD Delete
 NAME: SAVARD, ROSALIND
 STREET ADDRESS: 1424 SHADWELL CIRCLE
 CITY-ST-ZIP: LAKE MARY FL 32746

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

TITLE: D Delete
 NAME: TURNER, CHARLES
 STREET ADDRESS: 3527 ACRE CT
 CITY-ST-ZIP: LAKE MARY FL 32746

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

TITLE: D Delete
 NAME: WHITNEY, DAN
 STREET ADDRESS: 6845 HIDDEN GLADE PL
 CITY-ST-ZIP: SANFORD FL 32711

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

TITLE: Delete
 NAME:
 STREET ADDRESS:
 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 exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0094563

CR2E037 (9/01)