## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000005992

City-St-Zip: HEATHROW, FL 32746

Entity Name: THE BAYTREE CENTER ASSOCIATION, INC.

FILED Mar 18, 2004 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 327745044 US				2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 327745044 US			
Current Mailing Address:				New Mailing Address:			
2180 W SR 434 5000 LONGWOOD, FL 32779 US				2180 W SR 434 SUITE 5000 LONGWOOD, FL 32779 US			
FEI Number:	59-3433381	FEI Number Applied For ( )	FEI Numl	ber Not Appli	cable ( )	Certific	ate of Status Desired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
HART, JAMES W JR SENTRY MGMT INC 2180 W SR 434 #5000 LONGWOOD, FL 32779 US				HART, JAMES W JR SENTRY MANAGEMENT INC 2180 W SR 434 #5000 LONGWOOD, FL 32779 US			
The above in the State	named entity s e of Florida.	ubmits this statement for the pu	irpose of	changing it	s registered	l office or	registered agent, or both,
SIGNATURE:				03/18/2004			
	Electroni	c Signature of Registered Ager	nt				Date
OFFICERS AND DIRECTORS:				ADDITION	S/CHANGE	S TO OF	FICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	PD () STENSRUD, MIK 250 WAYMONT LAKE MARY, FL	CT #120	1	Title: Name: Address: City-St-Zip:		()Change	( ) Addition
Title: Name: Address: City-St-Zip:	VD () HOLT, EDWIN 679 CRIDLEWO HEATHROW, FL		1	Title: Name: Address: City-St-Zip:	VPD TURNER, CH 3527 ACRE LAKE MARY	ARLES CT	( ) Addition
Title: Name: Address: City-St-Zip:	SD () SAVARD, ROSA 1424 SHADWEL LAKE MARY, FL	L CIRCLE	1	Title: Name: Address: City-St-Zip:	STD HOLT, EDWI 679 CRICKL HEATHROW	N EWOOD TE	() Addition
Title: Name: Address: City-St-Zip:	D () TURNER, CHAR 3527 ACRE CT LAKE MARY, FL		1	Title: Name: Address: City-St-Zip:	D CANAL, JOH 350 WAYMO LAKE MARY	N NT CT	( ) Addition
Title: Name: Address:	D () MILITELLO, LISA 174 HORSTON (		1	Title: Name: Address:	D MILITELLO, 174 HARSTO	LIŚA	( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

City-St-Zip: HEATHROW, FL 32746

SIGNATURE: MIKE STENSRUD PD 03/18/2004