

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 09, 2006
Secretary of State**

DOCUMENT# N96000005992

Entity Name: THE BAYTREE CENTER ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327745044 US

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-3433381 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STENSRUD, MIKE
Address: 250 WAYMONT CT #120
City-St-Zip: LAKE MARY, FL 32746

Title: VPD () Delete
Name: TURNER, CHARLES
Address: 3527 ACRE CT
City-St-Zip: LAKE MARY, FL 32746

Title: STD () Delete
Name: HOLT, EDWIN
Address: 679 CRICKLEWOOD TERR
City-St-Zip: HEATHROW, FL 32746

Title: D () Delete
Name: CANAL, JOHN
Address: 350 WAYMONT CT
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: MILITELLO, LISA
Address: 174 HARSTON CT
City-St-Zip: HEATHROW, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HOLT, EDWIN
Address: 679 CRICKLEWOOD TERR
City-St-Zip: HEATHROW, FL 32746

Title: STD (X) Change () Addition
Name: CANAL, JOHN
Address: 329 TERSAS CT
City-St-Zip: LAKE MARY, FL 32746

Title: D (X) Change () Addition
Name: INGALLS, WILLIAM
Address: 245 WAYMONT CT
City-St-Zip: LAKE MARY, FL 32746

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: MIKE STENSRUD

PD

03/09/2006

Electronic Signature of Signing Officer or Director

Date