

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90218 048 \*\*\*\*61.25

**DOCUMENT # N96000005992**



1. Entity Name  
**THE BAYTREE CENTER ASSOCIATION, INC.**

Principal Place of Business  
**2180 WEST SR 434, SUITE 5000  
LONGWOOD FL 32774-5044  
US**

Mailing Address  
**2180 W SR 434  
5000  
LONGWOOD FL 32779  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3433381**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida 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  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD**  Delete  
NAME **GOERGEN, JOHN**  
STREET ADDRESS **448 STONEWOOD LN**  
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **VD**  Change  Addition  
NAME **Edwin Holt**  
STREET ADDRESS **679 Cricklewood Ter**  
CITY-ST-ZIP **Heathrow FL 32746**

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 **D**  Change  Addition  
NAME **Lisa Milifello**  
STREET ADDRESS **174 Horston Ct**  
CITY-ST-ZIP **Heathrow FL 32746**

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

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
**SIGNATURE REQUIRED**  
**Stensrud** **3/20/03**

CR2E037 (10/02)