

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

04-24-2007 90018 026 *****61.25
02-12-2007 90096 003 *****61.25
N97000002457


FILED

07 MAY -3 AM 10: 04

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000002457

1. Entity Name
Bay Estates North Condominium Association Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4301-32nd Stw A-20

3. Mailing Address
Same

Suite, Apt. #, etc.

City & State
Bradenton, FL

City & State

Zip
34205

Country
US

4. FEI Number
05-0759516

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
CTS Condominium Management Service, Inc.

Street Address (P.O. Box Numbers Not Acceptable)
4301-32nd Stw A-20

City
Bradenton

FL Zip Code
34205

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 Shirley Szobascan manager of CTS Condominium Management Service, Inc. 4/5/07

Signature, typed or printed name of registered agent and title (indicate if not applicable) (NOTE: Registered Agent signature required when resigning) DATE

FEE IS \$61.25 Initial or Amended UBR

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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P Bradford Smith 1111 Terra Ceia Bay Cir Palmetto, FL 34221</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP Lincoln Colby 1111 Terra Ceia Bay Cir Palmetto, FL 34221</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>12-19-06 01005 004 \$122.50</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Shirly Szobascan 1114 Terra Ceia Bay Cir Palmetto, FL 34221</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>S Diane Keller 3114 Live Oak Lane Palmetto, FL 34221</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>B Bib Ernst 3008 Live Oak Lane Palmetto, FL 34221</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>03/5/14</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address with all other like empowered.

SIGNATURE: Bradford J. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/02)