


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90255 015 ****61.25

DOCUMENT # N97000002457

1. Entity Name
BAY ESTATES NORTH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**4301 32ND ST W
 A-20
 BRADENTON, FL 34205**

Mailing Address
**4301 32ND ST W
 A-20
 BRADENTON, FL 34205**

2. Principal Place of Business - No P.O. Box #
3639 CORTEZ Rd. W.

3. Mailing Address
P.O. Box 916

Suite, Apt. #, etc.
STE 109

City & State
BRADENTON FL

City & State
BRADENTON. FL

Zip
34210

Country

Zip
34206

Country

04172008 Chg-NP CRZE037 (12/06)

4. FEI Number
65-0759516

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**C & S CONDOMINIUM MANAGEMENT SERVICES, INC.
 4301 32ND ST W
 A-20
 BRADENTON, FL 34205**

7. Name and Address of New Registered Agent

Name **DIANE S. BARCUS**

Street Address (P.O. Box Number is Not Acceptable)
3639 CORTEZ Rd. W. STE 109

City **BRADENTON** FL Zip Code **34210**

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: *Diane S. Barcus* DATE: **4/28/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

Filing Fee is \$61.25 Due by May 1, 2008

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	P SMITH, BRADFORD 1611 TERRA CEIA BAY CIR. PALMETTO, FL 34221	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COLBY, LINCOLN 1606 TERRA CEIA BAY CIR. PALMETTO, FL 34221	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SZABASCAN, SHIRLY 1614 TERRA CEIA BAY CIR PALMETTO, FL 34221	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KELLER, DIANE 3114 LIVE OAK LANE PALMETTO, FL 34221	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERNST, BOB 3008 LIVE OAK LANE PALMETTO, FL 34221	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Bradford J. Smith* DATE: **4/29/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #