

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90204 041 ****61.25

DOCUMENT # N99000004391

1. Entity Name

ISLES OF BAYTREE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 100130
PALM BAY FL 32910

Mailing Address

P.O. BOX 100130
PALM BAY FL 32910



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3590100

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VANI, THOMAS A
8005 KINGSWOOD WAY
MELBOURNE FL 32940

7. Name and Address of New Registered Agent

Name Bayside Management Services

Street Address (P.O. Box Number is Not Acceptable)

515 Willow Oak Ct NE

City Palm Bay

FL

Zip Code
32907

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 Marie Thibodeaux, Agent

Marie Thibodeaux

2/6/06

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 PD ☒ Delete
NAME VANI, THOMAS A
STREET ADDRESS 400 HIGH POINT DRIVE, STE. 500
CITY-ST-ZIP COCOA FL 32926

TITLE VPTD ☒ Delete
NAME PATRIA, ROBERT A
STREET ADDRESS 400 HIGH POINT DRIVE SUITE 500
CITY-ST-ZIP COCOA FL 32926

TITLE D ☐ Delete
NAME GLASS, JIM
STREET ADDRESS 8080 KINGSWOOD WAY
CITY-ST-ZIP MELBOURNE FL 32940

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME Anderson, Tammy
STREET ADDRESS 951 Glen Abbey Way
CITY-ST-ZIP Melbourne, FL 32940

TITLE D ☐ Change ☒ Addition
NAME Lighter, Don
STREET ADDRESS 881 Glen Abbey Way
CITY-ST-ZIP Melbourne, FL 32940

TITLE TD ☐ Change ☒ Addition
NAME Freud, Fred
STREET ADDRESS 8228 Simpkins Way
CITY-ST-ZIP Melbourne, FL 32940

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemptions contained in Section 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: Tammy Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/06
Date

301-688-4743
Daytime Phone #