


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90183 031 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3590100	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BAYSIDE MANAGEMENT SERVICES 515 WILLOW OAK CT NE PALM BAY, FL 32907				Name Dependable Property Management Street Address (P.O. Box Number is Not Acceptable) 1300 Pinetree drive Ste 9 City Indian Harbour Beach FL Zip Code 32937	
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 Dependable Property Management <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)</small>				4/31/07 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, TAMMY			NAME	
STREET ADDRESS	951 GLEN ABBEY WAY			STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 32940			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIGHTER, DON			NAME	Vice-President
STREET ADDRESS	881 GLEN ABBEY WAY			STREET ADDRESS	721 Glen Abbey way
CITY-ST-ZIP	MELBOURNE, FL 32940			CITY-ST-ZIP	melb, FL 32940
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASS, JIM			NAME	
STREET ADDRESS	8080 KINGSWOOD WAY			STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 32940			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREUD, FRED			NAME	
STREET ADDRESS	8228 SIMPKINS WAY			STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 32940			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: Tammy H Anderson <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4/11/07 <small>Date</small>	
<small>Daytime Phone #</small>					