

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90104 015 ****61.25

DOCUMENT # N99000004391			
1. Entity Name GILES OF BAYTREE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 456 GLEN ABBEY WAY MELBOURNE, FL 32940		Mailing Address C/O FRANCIS STEWART CPA 6939 N. WICKHAM ROAD MELBOURNE, FL 32940	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address SCPM 645 Classic Ct	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 104	
City & State		City & State Melbourne FL	
Zip	Country	Zip 32940	Country USA
4. FEI Number 59-3590100		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STEWART, FRANCIS CPA 6939 N. WICKHAM ROAD MELBOURNE, FL 32940		7. Name and Address of Now Registered Agent Name: SCPM Street Address (P.O. Box Number is Not Acceptable): 645 Classic Court Suite 104 City: Melbourne FL Zip Code: 32940	
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: <i>Christina Nam</i> DATE: 4/18/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME ANDERSON, TAMMY STREET ADDRESS 951 GLEN ABBEY WAY CITY-ST-ZIP MELBOURNE, FL 32940	<input type="checkbox"/> Delete	TITLE VP NAME ANDERSON, TAMMY STREET ADDRESS 951 GLEN ABBEY WAY CITY-ST-ZIP MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME WAGNER, RON STREET ADDRESS 721 GLEN ABBEY WAY CITY-ST-ZIP MELBOURNE, FL 32940	<input type="checkbox"/> Delete	TITLE PRESIDENT NAME WAGNER, RON STREET ADDRESS 721 GLEN ABBEY WAY CITY-ST-ZIP MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME FREUD, FRED STREET ADDRESS 8228 SIMPKINS WAY CITY-ST-ZIP MELBOURNE, FL 32940	<input type="checkbox"/> Delete	TITLE TRES NAME William Korah STREET ADDRESS 6079 Kingswood Way CITY-ST-ZIP Melbourne FL 32940	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SECRETARY NAME Judith Marcante STREET ADDRESS 920 Glen Abbey Way CITY-ST-ZIP Melbourne FL 32940	<input type="checkbox"/> Delete	TITLE DIR AT LARGE NAME Slaughter, Jenny STREET ADDRESS 8085 Kingswood Way CITY-ST-ZIP Melbourne, FL 32940	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. 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: <i>Donald Wayne</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date: 4-17-08		Daytime Phone #	