## **2008 FOR PROFIT CORPORATION**

## Mar 17, 2008 08:00 A Secretary of State **ANNUAL REPORT DOCUMENT # P98000032282** BAYWATCH REALTY ASSOCIATES I, INC. Principal Place of Business Mailing Address 1240 U.S HWY 1 1240 U.S HWY 1 NORTH PALM BEACH, FL 33408 NORTH PALM BEACH, FL 33408 01152008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0845226 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CIOTOLI, EUGENE L DO NOT WRITE 1240 U.S. HWY 1 NORTH PALM BEACH, FL 33408 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE BOBO, A. RUSSELL U00000860888 04/02/08-80081-006 150.00 NAME STREET ADDRESS 1240 U.S. HWY 1 N. PALM BEACH, FL 33407 CIOTOLI, EUGENE L NAME STREET ADDRESS 1240 US HWY 1 CITY-ST-ZIP NORTH PALM BEACH, FL 33408 TITLE BOCCHINO, JOHN W NAME STREET ADDRESS 1240 US HWY 1 DO NOT WRITE CITY-ST-ZIP NORTH PALM BEACH, FL 33408 IN THIS SPACE NAME

filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied indicated on this report or supplemental reports. of the corporation or the re changed, or on an attac

SIGNATURE:

STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED