

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2005 8:00 am
Secretary of State

06-27-2005 90003 029 ****61.25

50053822

DOCUMENT # 717022 1. Entity Name BAY POINT PLAZA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 6100 - 12TH STREET SOUTH, APT. #107 ST. PETERSBURG, FL 33705			Mailing Address 7300 PARK ST SEMINOLE, FL 33777		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 59-1834606				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 RESOURCE PROPERTY MGNT. 7300 PARK ST SEMINOLE, FL 33777			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 7, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	S NOTARO, ROSE 6100 12TH STREET S #121 SAINT PETERSBURG, FL 33705	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MELISSA, BUHLER 6100 12TH STREET S #314 SAINT PETERSBURG, FL 33705	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLUBEC, JOSEPH 6100 12TH STREET S APT 124 ST PETERSBURG, FL 33705	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASBOTTEN, CAROLE 8100 - 12 ST SO. APT 207 ST. PETERSBURG, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CRAVEN, CARL 6100 12TH STREET S #121 SAINT PETERSBURG, FL 33705	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Shannon Brister 6100 12th S. #115 Saint Petersburg 33705	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Carl Grace 6100 12th St S. #104 Saint Petersburg 71 33705	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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 exemption stated in Section 119.07(3)(i), 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 817, 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>Rosalia Notaro</i> 06/13/05 866-1481 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					