

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR -6 AM 6:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **729536** (3)
1. Corporation Name
BAVARIAN VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7628 N 56TH ST., SUITE 2 C/O WISW PROPERTY MGMT INC TAMPA FL 33617	7628 N 56TH ST., SUITE 2 C/O WISW PROPERTY MGMT INC TAMPA FL 33617

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/02/1974	3a. Date of Last Report 03/07/1994
4. FEI Number 59-1574744	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26 7628 N. 56TH STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27 SUITE 8
City & State	City & State
23	28 TAMPA FL
Zip	Country
24	29 33617
	30

9. Name and Address of Current Registered Agent

SPIVEY, WILLIAM C.
7628 N. 56TH ST., STE. 2
%WISE PROPERTY MANAGEMENT, INC.
TAMPA FL 33617

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
	85 Zip Code

11. Pursuant to the provisions of Sections 607.0501 - 607.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and understand, the provisions of Sections 607.0501 - 607.0508, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	ELLIS, PAUL
STREET ADDRESS	14418 REUTER STRASSE #3
CITY-ST-ZIP	TAMPA FL
TITLE	S
NAME	SAMMONS, NICOLE
STREET ADDRESS	14468 REUTER STRASSE #7
CITY-ST-ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	B.R. Hewitt
1.3 STREET ADDRESS	14454 Reuter Strasse # 711
1.4 CITY-ST-ZIP	Tampa, FL 33613
2.1 TITLE	VO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Edgar Jones
2.3 STREET ADDRESS	1315 N. Beach St.
2.4 CITY-ST-ZIP	Diamond Beach, FL 32174
3.1 TITLE	SO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Ingrid Hunt
3.3 STREET ADDRESS	14438 Reuter Strasse # 03
3.4 CITY-ST-ZIP	Tampa, FL 33613
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *B.R. Hewitt* **MAR 28 1995**
(Typed Name of Signing Officer or Director) **B.R. HEWITT** (Typed Name) **(SIB) 95-3694**