

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

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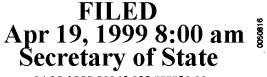
1. Corporation Name

BAVARIAN VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

7628 N 56 ST STE 8 Mailing Address

7628 N 56TH STREET



04-19-1999 90045 022 ****70.00

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TAMPA FL 336 US	517	TAMPA FL 33617 US			# 1884 \$0000 \$618 \$810\ 61100 \$441\ 010\; 010\ 610\ 610\ 610\ 610\
2. Principal Pi	ace of Business	2a. Mailing Address	· · · · · ·		3. Date Incorporated or Qualifed 05/02/1974
21	#, etc. —	Suite, Apt. #, etc.			4. FEI Number — Applied For
22	#, etc.	27			59-1574744 Not Applicab
City & State	Đ	City & State	•		5. Certificate of Status Desired \$8.75 Additional Fee Required
Zip	Country 25	Zip 39	Country		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
24	9. Name and Address of Current	<u> </u>	<u>~,</u>		10. Name and Address of New Registered Agent
	J. Hame and Address of Current	togistored Agent	81	Name	
An			<u> </u>		· · · · · · · · · · · · · · · · · · ·
SPIVEY, V			82	Street A	Address (P.O. Box Number is Not Acceptable)
	STH ST.,STE.2		83	 	
	ROPERTY MANAGEMENT, INC.				
tampa fl	. 33617	•	84	City	EI 85 Zip Code
	0500	LOAT AFOO EL MA Challada	<u> </u>		corporation submits this statement for the purpose of changing its registered
-45	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Floada Such chande was suit	nonzea ov	THE COURT	oration's board of directors. I hereby accept the appointment as registered
SIGNATURE					equired when reinstation) DATE
	Signature, typed or printed name of registered agent a		13.	nt signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AND	DELETE	1.1 TITLE		☐ Change ☐ Addit
TITLE	PD	□ DECEIE			
NAME	HEWITT, B. R		1.2 NAME		
STREET ADDRESS	14454 REUTER STRASSE #711			T ADDRESS	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-S	T-ZIP	☐ Change ☐ Addii
TITLE	VD	☐ DELETE	2.1 TITLE	ļ	
NAME	Jones, Edgar ·		2.2 NAME		
-STREET ADDRESS	1315 N BEACH-ST	· · · · · · · · · · · · · · · · · · ·	2.3 STREE	TADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL		2.4 CITY-		
TITLE	SD	D ELETE	3.1 TITLE		SD Change Addi
NAME	HUNT, INGRID		3.2 NAME		EDRINGTON, TOM 14476 REUTER STRASSE CIK # Z
STREET ADDRESS	14438 REUTER STRASSE #03		3.3 STREE	TADDRESS	14476 REUTER STRABLE OF The
CITY-ST-ZIP	TAMPA FL		3.4. CITY-5	ST-ZIP	TAMPA, FL 33613
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addi
NAME	ELLIS. PAUL		4. 2 NAME		
STREET ADDRESS	14418 REUTEGER STRASSE CIR	#3	4.3 STREE	TADORESS	
CITY-ST-ZIP	TAMPA FL	 ₹	4.4 CITY- S	1	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addi
NAME	FORTNER, DIANNIA	_	5.2 NAME	-	
STREET ADDRESS		!1	5.3 STREE	T ADDRESS	•
	TAMPA FL	'	5.4 CITY-S	ī	
CITY-ST-ZIP	CATTER OF STREET AND	☐ DELETE	6.1 TITLE		☐ Change ☐ Addi
mue Garage			6.2 NAME		
NAME				TADDOCCO	
PEDECT ADDDESO			B 0.3 STREE	T ADDRESS	

ST-ZIP

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 annual report or supplemental annual report is tree 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 at 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 one an attachment with an address, with all other like empowered.

SIGNATURE:

ATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 Are 99

Daytime Phone #

R2E037 (11/98)