FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR -7 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 749733 (2)

1. Corporation Name
BAY TOWNE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1700 MCMULLEN BOOTH ROAD. STE C-3 CLEARWATER FL 34619	1700 MCMULLEN BOOTH ROAD. STE C-3 CLEARWATER FL 34619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/08/1979
3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-1982782 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

~~HICKS, JOYCE M.~~
~~1700 MCMULLEN BOOTH ROAD~~
~~SUITE C-3~~
~~CLEARWATER FL 34619~~

10. Name and Address of New Registered Agent

31 Name: LEIGHTON, LENNARD A.
32 Street Address (P.O. Box Number is Not Acceptable): 1700 MCMULLEN BOOTH ROAD
33: SUITE C-3
34 City: CLEARWATER FL 35 Zip Code: 34619

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] 2/15/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~VPD~~	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	~~RIEKER, KEN~~	1.2 NAME	HOFFMAN, MIKE	
STREET ADDRESS	~~320 SALEM~~	1.3 STREET ADDRESS	313 BAY PLACE	
CITY-ST-ZIP	~~SAFETY HARBOR, FL 00000~~	1.4 CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
TITLE	~~S~~	2.1 TITLE	VP	☐ Change ☐ Addition
NAME	~~LORINEZ, EDWARD~~	2.2 NAME	WADSWORTH, ELIZABETH	
STREET ADDRESS	~~385 GLOUCESTER~~	2.3 STREET ADDRESS	360 ESTERO CT.	
CITY-ST-ZIP	~~SAFETY HARBOR FL~~	2.4 CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
TITLE	~~T~~	3.1 TITLE	S	☐ Change ☐ Addition
NAME	~~WADSWORTH, ELIZABETH~~	3.2 NAME	LORINCZ, EDWARD	
STREET ADDRESS	~~360 ESTERO~~	3.3 STREET ADDRESS	385 GLOUCESTER	
CITY-ST-ZIP	~~SAFETY HARBOR FL~~	3.4 CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
TITLE	~~D~~	4.1 TITLE	T	☐ Change ☐ Addition
NAME	~~PATTISON, FRANK~~	4.2 NAME	CORELL, JOSEPH	
STREET ADDRESS	~~360 GLOUCESTER~~	4.3 STREET ADDRESS	1144 THAYER ST.	
CITY-ST-ZIP	~~SAFETY HARBOR FL~~	4.4 CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
TITLE	~~PD~~	5.1 TITLE	D	☐ Change ☐ Addition
NAME	~~HOFFMAN, MIKE~~	5.2 NAME	PATTISON, FRANK	
STREET ADDRESS	~~313 BAY PL~~	5.3 STREET ADDRESS	360 GLOUCESTER	
CITY-ST-ZIP	~~SAFETY HARBOR FL~~	5.4 CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 119.07(3)(i), 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: [signature] 3-25-95 (813) 725-4532
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Joseph Corell - Treasurer

001944