


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **749733** (2)  
1. Corporation Name  
**BAY TOWNE PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business <b>C/O RAMPART PROPERTIES, INC. 10033 9TH STREET NORTH ST. PETERSBURG FL 33716</b>	Mailing Address <b>C/O RAMPART PROPERTIES, INC. 10033 9TH STREET NORTH ST. PETERSBURG FL 33716</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>11/08/1979</b>
4. FEI Number <b>59-1982782</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**RAMPART PROPERTIES, INC.  
10033 9TH ST. N.  
ST. PETERSBURG FL 33716**

10. Name and Address of New Registered Agent
81 Name <b>BRIAN SMITH</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>Rampart Properties Inc.</b>
83 <b>10033 9th St. N. 2nd Floor</b>
84 City <b>St. Petersburg</b> FL 85 Zip Code <b>33716</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Brian K. Smith** **2-18-98**  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLEETWOOD, ANN</b>	1.2 NAME
STREET ADDRESS	<b>10033 9TH STREET NORTH</b>	1.3 STREET ADDRESS
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33716</b>	1.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE <b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STAUDT, SHARI</b>	2.2 NAME
STREET ADDRESS	<b>10033 9TH STREET NORTH</b>	2.3 STREET ADDRESS
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33716</b>	2.4 CITY-ST-ZIP
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>VPD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TOWNSEND, ROBERT</b>	3.2 NAME
STREET ADDRESS	<b>10033 9TH STREET NORTH</b>	3.3 STREET ADDRESS
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33716</b>	3.4 CITY-ST-ZIP
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>DS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HAMILTON, MARVIN</b>	4.2 NAME
STREET ADDRESS	<b>10033 9TH STREET NORTH</b>	4.3 STREET ADDRESS
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33716</b>	4.4 CITY-ST-ZIP
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <b>TD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ECKERT, RALPH</b>	5.2 NAME
STREET ADDRESS	<b>10033 9TH STREET NORTH</b>	5.3 STREET ADDRESS
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33716</b>	5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

1.1 TITLE <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS <b>10033 Ninth St. N. 2nd Fl.</b>
1.4 CITY-ST-ZIP <b>St. Petersburg, FL 33716-3805</b>
2.1 TITLE <b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS <b>10033 Ninth St. N. 2nd Fl.</b>
2.4 CITY-ST-ZIP <b>St. Petersburg, FL 33716-3805</b>
3.1 TITLE <b>VPD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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6.4 CITY-ST-ZIP <b>St. Petersburg, FL 33716-3805</b>

14. 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 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: **Shari Staudt** **2/14/98**

CR2E037 (10/97)