

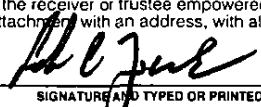


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90241 042 ****61.25

DOCUMENT # 749733 1. Entity Name BAY TOWNE PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business C/OAMERI-TECH REALTY 1799-13 N BELCHER RD CLEARWATER, FL 33765				Mailing Address C/OAMERI-TECH REALTY 1799-13 N BELCHER RD CLEARWATER, FL 33765	
2. Principal Place of Business 1799-B N. Belcher Rd Suite, Apt. #, etc.		3. Mailing Address 1799-B N. Belcher Rd Suite, Apt. #, etc.		54030259 	
City & State		City & State		4. FEI Number 59-1982782	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AMERI-TECH REALTY 1799 - B N. BELCHER RD CLEARWATER, FL 33765				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<div style="display: flex; justify-content: space-between;"> <div> Make check payable to Florida Department of State </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP YORK, ADAM 352 SALENE STREET SAFETY HARBOR, FL 34695	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Susan Badgett 293 Plymouth Street Safety Harbor, FL 34695	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DAVEY, BRIGITTE 300 PLYMOUTH STREET SAFETY HARBOR, FL 34695	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D William Campbell 389 Gloucester Street Safety Harbor, FL 34695	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, SCOTT 329 BAY PALCE SAFETY HARBOR, FL 34695	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WITT, KATHERINE 280 ROGERS CT SAFETY HARBOR, FL 34695	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOWNSEND, RALPH 10033 9TH STREET N 2ND FLOOR SAINT PETERSBURG, FL 33716	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Delete </div> <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 617, 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: 			Adam York, President		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4-7-2004		