

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR 15 AM 10:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 771292 (0)

1. Corporation Name

BAYVIEW PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/16/1983</b>	3a. Date of Last Report <b>01/31/1994</b>
4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> 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	

Principal Place of Business		Mailing Address	
1703 S WASHINGTON AVE TITUSVILLE FL 32780 US		1703 S WASHINGTON AVE TITUSVILLE FL 32780 US	
2. Principal Place of Business	2a. Mailing Address	2b. Mailing Address	2c. Mailing Address
21	26	26	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27	27	27
City & State	City & State	City & State	City & State
23	28	28	28
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent

CALDERWOOD, JOE P C  
1703 S WASHINGTON AVE  
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent

81 Name	Joe P. Calderwood
82 Street Address (P.O. Box Number is Not Acceptable)	918 S Washington Ave
83 City	Titusville, FL 3278
84 Zip Code	0 FL

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	CALDERWOOD, JOE P
STREET ADDRESS	1703 S WASHINGTON AVE
CITY-ST-ZIP	TITUSVILLE FL
TITLE	D
NAME	KOKINOS, STEVE
STREET ADDRESS	1707 S WASHINGTON AVE
CITY-ST-ZIP	TITUSVILLE FL
TITLE	D
NAME	MAYS, TONY
STREET ADDRESS	1705 S WASHINGTON AVE
CITY-ST-ZIP	TITUSVILLE FL
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	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Joe P. Calderwood
1.3 STREET ADDRESS	918 S. Washington Ave.
1.4 CITY-ST-ZIP	Titusville, FL 32780 <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 119.07(3)(4), Florida Statutes. I further certify that the information included 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: Joe P. Calderwood March 10, 1995 407-268-1109  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in Florida)