

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

FILED  
Apr 07, 2004  
Secretary of State

DOCUMENT# 771292

Entity Name: BAYVIEW PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

**New Principal Place of Business:**

1538 S WASHINGTON AVE  
TITUSVILLE, FL 32780 US

**Current Mailing Address:**

**New Mailing Address:**

1538 S WASHINGTON AVE  
TITUSVILLE, FL 32780 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CALDERWOOD, JOE P C  
918 S WASHINGTO AVE  
TITUSVILLE, FL 32780 US

CALDERWOOD, JOE P C  
1538 S WASHINGTO AVE  
TITUSVILLE, FL 32780 US

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.

SIGNATURE: JOE P CALDERWOOD 04/07/2004  
\_\_\_\_\_  
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CALDERWOOD, JOE P  
Address: 918 S. WASHINGTON AVE.  
City-St-Zip: TITUSVILLE, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Delete  
Name: KOKINOS, STEVE  
Address: 41707 S WASHINGTON AVE  
City-St-Zip: TITUSVILLE, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Delete  
Name: MAYS, TONY  
Address: 1705 S WASHINGTON AVE  
City-St-Zip: TITUSVILLE, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE P CALDERWOOD PRES 04/07/2004  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director Date