


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90027 029 \*\*\*\*61.25

<b>DOCUMENT # 771292</b>							
1. Entity Name BAYVIEW PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.							
Principal Place of Business 1705 S. WASHINGTON AVENUE TITUSVILLE, FL 32780 US			Mailing Address 1705 S. WASHINGTON AVENUE TITUSVILLE, FL 32780 US				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		02172008 Chg-NP CR2E037 (12/06)			
Zip		Country		4. FEI Number NOT APPLICABLE			
				Applied For Not Applicable			
6. Name and Address of Current Registered Agent			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				
LOBBAN, GAYE V 1705 S. WASHINGTON AVENUE TITUSVILLE, FL 32780			7. Name and Address of New Registered Agent				
			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Code	
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>							
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>			
				<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.				
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	LOBBAN, C. LEE	NAME					
STREET ADDRESS	1703 S. WASHINGTON AVENUE	STREET ADDRESS					
CITY-ST-ZIP	TITUSVILLE, FL 32780	CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	KOKINOS, STEVE	NAME					
STREET ADDRESS	1707 S WASHINGTON AVE	STREET ADDRESS					
CITY-ST-ZIP	TITUSVILLE, FL 32780	CITY-ST-ZIP					
TITLE	D/TS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	LOBBAN, GAYE V	NAME					
STREET ADDRESS	1705 S WASHINGTON AVE	STREET ADDRESS					
CITY-ST-ZIP	TITUSVILLE, FL	CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	PUTNAM, DAVID	NAME					
STREET ADDRESS	1701 S. WASHINGTON AVENUE	STREET ADDRESS					
CITY-ST-ZIP	TITUSVILLE, FL 32780	CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Gaye V. Lobba</i>			2-17-08		321-268-9003		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #		