

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

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS\*

APPROVED  
AND  
FILED

95 FEB -8 AM 9:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N00928 (4)**

1. Corporation Name  
**1301 BEVILLE ROAD PROFESSIONAL PLAZA CONDOMINIUM  
ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**1301 BEVILLE ROAD SUITE 21 DAYTONA BEACH FL 32119**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified <b>01/16/1984</b>	3a. Date of Last Report <b>01/24/1994</b>
4. FEI Number <b>59-2909249</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 type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent  
**BAXTER, AARON  
1301 BEVILLE ROAD #1  
DAYTONA BEACH FL 32119**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. Zip Code	<b>32119</b>
84. City	<b>DAYTONA BEACH</b>

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>STD</b>	1.1 TITLE	<b>PRESIDENT/DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAXTER, AARON</b>	1.2 NAME	<b>BAXTER, AARON</b>
STREET ADDRESS	<b>1301 BEVILLE RD #20</b>	1.3 STREET ADDRESS	<b>1301 BEVILLE RD #1</b>
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>	1.4 CITY-ST-ZIP	<b>DAYTONA BEACH FL 32119</b>
TITLE	<b>PD</b>	2.1 TITLE	<b>STD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCOTT, JAMES</b>	2.2 NAME	<b>WINDLE, CLIFFORD</b>
STREET ADDRESS	<b>1301 BEVILLE RD. #20</b>	2.3 STREET ADDRESS	<b>1301 BEVILLE RD #7</b>
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>	2.4 CITY-ST-ZIP	<b>DAYTONA BEACH FL 32119</b>
TITLE	<b>VD</b>	3.1 TITLE	<b>KEITH HOCK</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WINDLE, CLIFFORD</b>	3.2 NAME	<b>1301 BEVILLE RD #20</b>
STREET ADDRESS	<b>1301 BEVILLE RD #14</b>	3.3 STREET ADDRESS	<b>DAYTONA BEACH FL 32119</b>
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>2-8</b>
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(k), 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: Aaron Baxter 1/24/95 904/761-4121  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Year)