

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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 **1301 BEVILLE ROAD SUITE 21 DAYTONA BEACH FL 32119**

3. Date Incorporated or Qualified **01/16/1984** 3a. Date of Last Report **02/08/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2909249	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	Zip	Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

BAXTER, AARON
1301 BEVILLE ROAD #1
DAYTONA BEACH FL 32119

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD PRESIDENT - DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAXTER, AARON	1.2 NAME	KEITH HOCK
STREET ADDRESS	1301 BEVILLE RD #1	1.3 STREET ADDRESS	1301 BEVILLE RD # 20
CITY - ST - ZIP	DAYTONA BEACH FL 32119	1.4 CITY - ST - ZIP	DAYTONA BEACH FL 32119
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	STD SECRETARY/TREAS/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINDLE, CLIFFORD	2.2 NAME	JIM SCOTT
STREET ADDRESS	1301 BEVILLE RD. #7	2.3 STREET ADDRESS	1301 BEVILLE RD # 6
CITY - ST - ZIP	DAYTONA BEACH FL 32119	2.4 CITY - ST - ZIP	DAYTONA BEACH FL 32119
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	VD VICE PRES / DIR. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOCK, KEITH	3.2 NAME	BUZZY CLIFFORD/WINDLE
STREET ADDRESS	1301 BEVILLE RD #20	3.3 STREET ADDRESS	1301 BEVILLE RD # 7
CITY - ST - ZIP	DAYTONA BEACH FL 32119	3.4 CITY - ST - ZIP	DAYTONA BEACH FL 32119
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
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: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)