


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 30 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N00928 (4)**  
 1. Corporation Name  
**1301 BEVILLE ROAD PROFESSIONAL PLAZA CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>1301 BEVILLE ROAD SUITE 21 DAYTONA BEACH FL 32119</b>	Mailing Address <b>1301 BEVILLE ROAD SUITE 21 DAYTONA BEACH FL 32119</b>
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3. Date Incorporated or Qualified <b>01/16/1984</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number <b>59-2909249</b>		
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" 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
25. Country	30. 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. City	
84. State	<b>FL</b>
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 \_\_\_\_\_ 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	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>SCOTT, JIM</b>	
STREET ADDRESS	<b>1301 BEVILLE RD #20</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>AARON BAXTER</b>	
STREET ADDRESS	<b>1301 BEVILLE RD., #1</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>HOCK, KEITH</b>	
STREET ADDRESS	<b>1301 BEVILLE RD #20</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>PRESIDENT / DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>BUZZY WINDLE</b>	
1.3 STREET ADDRESS	<b>1301 BEVILLE RD #7</b>	
1.4 CITY-ST-ZIP	<b>DAYTONA BEACH, FL 32119</b>	
2.1 TITLE	<b>AKIN SHENBANJO VICE PRESIDENT / DIRECTOR</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>AKIN SHENBANJO</b>	
2.3 STREET ADDRESS	<b>1301 BEVILLE RD #5</b>	
2.4 CITY-ST-ZIP	<b>DAYTONA BEACH, FL 32119</b>	
3.1 TITLE	<b>BEC/TRES. / DIRECTORY</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>MARY LYNN HASTINGS</b>	
3.3 STREET ADDRESS	<b>1301 BEVILLE RD #20</b>	
3.4 CITY-ST-ZIP	<b>DAYTONA BEACH FL 32119</b>	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *[Signature]*

CF2E037 (10/97)