

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 20 AM 11:12

DOCUMENT # **N14985** (8)

1. Corporation Name

BAY PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O DAVID R ELLIS
3233 E BAY DR #101
LARGO FL 34641

C/O DAVID R ELLIS
3233 E BAY DR #101
LARGO FL 34641

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/20/1986** 3a. Date of Last Report **01/21/1994**

4. FEI Number **59-2800179** Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **3233 East Bay Drive**

26 **3233 East Bay Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 103**

27 **Suite 103**

City & State

City & State

23 **Largo, FL 34641-1927**

28 **Largo, FL 34641-1927**

Zip

Country

Zip

Country

24 **34641-1927**

25 **USA**

29 **34641-1927**

30 **USA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LUCZAK, DAVID A.
3233 E BAY DR.
STE 103
LARGO FL 34641**

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 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

Signature, typed or printed name of registered agent and (so if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VSD**
NAME **ELLIS, SUSAN G**
STREET ADDRESS **3233 E BAY DR. #100**
CITY-ST-ZIP **LARGO FL 34641-1927**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

TITLE **PD**
NAME **ELLIS, DAVID R**
STREET ADDRESS **3233 E BAY DR #101**
CITY-ST-ZIP **LARGO FL 34641-1927**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE **VDT**
NAME **LUCZAK, DAVID A.**
STREET ADDRESS **3233 E BAY DR #103**
CITY-ST-ZIP **LARGO FL 34641-1927**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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 110.07(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: **DAVID A. LUCZAK, Vice President**

February 10, 1995 (813) 531-8989

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number