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Mar 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N14985 (8)

1. Corporation Name

BAY PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

3233 EAST BAY DRIVE  
SUITE 103  
LARGO FL 33771  
US

3233 EAST BAY DRIVE  
SUITE 103  
LARGO FL 33771-1800  
US

3. Date Incorporated or Qualified  
05/20/1986

3a. Date of Last Report  
01/24/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
59-2800179

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

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

24 33771

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29

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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 33771

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 33771-1900

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

Signature, typed or printed name of registered agent and title 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                 | <input type="checkbox"/> DELETE |
| NAME           | ELLIS, SUSAN G      |                                 |
| STREET ADDRESS | 3233 E BAY DR. #100 |                                 |
| CITY-ST-ZIP    | LARGO FL 33771      |                                 |
| TITLE          | DVT                 | <input type="checkbox"/> DELETE |
| NAME           | ELLIS, DAVID R      |                                 |
| STREET ADDRESS | 3233 E BAY DR #101  |                                 |
| CITY-ST-ZIP    | LARGO FL 33771      |                                 |
| TITLE          | DP                  | <input type="checkbox"/> DELETE |
| NAME           | LUCZAK, DAVID A.    |                                 |
| STREET ADDRESS | 3233 E BAY DR #103  |                                 |
| CITY-ST-ZIP    | LARGO FL 33771-1900 |                                 |
| TITLE          |                     | <input type="checkbox"/> DELETE |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> DELETE |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> DELETE |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 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 do 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-97

813/531-8989

Date

Daytime Phone # 0051585

CF2E037 (9/96)