2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14985

FILED Jan 12, 2006 Secretary of State

Entity Name: BAY PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3233 EAST BAY DRIVE SUITE 103

LARGO, FL 337711900 US

Current Mailing Address: New Mailing Address:

3233 EAST BAY DRIVE SUITE 103 LARGO, FL 337711900 US

FEI Number: 59-2800179 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 LUCZAK, DAVID A
 3233 E BAY DR.
 3233 E BAY DRIVE

 STE 103
 SUITE 103

 LARGO, FL 337711900 US
 LARGO, FL 337711900 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: 01/12/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 VSD () Delete
 Title:
 VSD (X) Change () Addition

 Name:
 ELLIS, SUSAN G
 Name:
 ELLIS, SUSAN G

 Address:
 3233 E BAY DR. #100
 Address:
 3233 EAST BAY DRIVE, SUITE 100

 City-St-Zip:
 LARGO, FL 33771 US
 City-St-Zip:
 LARGO, FL 33771 US

Title: DVT () Delete Title: DVT (X) Change () Addition Name: ELLIS, DAVID R Name: ELLIS, DAVID R

Address: 3233 E BAY DR #101 Address: 3233 E BAY DR IVE, SUITE 101
City-St-Zip: LARGO, FL 33771 US City-St-Zip: LARGO, FL 33771 US

Title: DP () Delete Title: DP (X) Change () Addition Name: LUCZAK, DAVID A Name: LUCZAK, DAVID A Address: 3233 E BAY DR #103 Address: 3233 EAST BAY DRIVE, SUITE 103

City-St-Zip: LARGO, FL 33771 US City-St-Zip: LARGO, FL 33771 US

Title: DV () Delete Title: () Change () Addition

 Name:
 HAYES, ELIZABETH F
 Name:

 Address:
 1988 GULF TO BAY BLVD.
 Address:

 City-St-Zip:
 CLEARWATER, FL 33765 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID A. LUCZAK P/D 01/12/2006