

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 11, 2008  
Secretary of State**

DOCUMENT# N14985

Entity Name: BAY PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3233 EAST BAY DRIVE  
SUITE 103  
LARGO, FL 337711900 US

**New Principal Place of Business:**

**Current Mailing Address:**

3233 EAST BAY DRIVE  
SUITE 103  
LARGO, FL 337711900 US

**New Mailing Address:**

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

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

LUCZAK, DAVID A  
3233 EAST BAY DRIVE  
SUITE 103  
LARGO, FL 337711900 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VSD      ( ) Delete  
Name: ELLIS, SUSAN G  
Address: 3233 EAST BAY DRIVE, SUITE 100  
City-St-Zip: LARGO, FL 33771 US

Title: DVT      ( ) Delete  
Name: ELLIS, DAVID R  
Address: 3233 EAST BAY DRIVE, SUITE 101  
City-St-Zip: LARGO, FL 33771 US

Title: DP      ( ) Delete  
Name: LUCZAK, DAVID A  
Address: 3233 EAST BAY DRIVE, SUITE 103  
City-St-Zip: LARGO, FL 33771 US

Title: DV      ( ) Delete  
Name: HAYES, ELIZABETH F  
Address: 1988 GULF TO BAY BLVD.  
City-St-Zip: CLEARWATER, FL 33765 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

01/11/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date