

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90033 050 ****61.25

DOCUMENT # N14985



1. Entity Name
BAY PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
**3233 EAST BAY DRIVE
SUITE 103
LARGO FL 33771
US**

Mailing Address
**3233 EAST BAY DRIVE
SUITE 103
LARGO FL 33771
US**

40002601



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2800179**

Applied For
Not Applicable

Zip
33771-1900

Country

Zip
33771-1900

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LUCZAK, DAVID A.
3233 E BAY DR.
STE 103
LARGO FL 33771-1900**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VSD	<input type="checkbox"/> Delete
NAME	ELLIS, SUSAN G	
STREET ADDRESS	3233 E BAY DR. #100	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	DV DV	<input type="checkbox"/> Delete
NAME	ELLIS, DAVID R	
STREET ADDRESS	3233 E BAY DR #101	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	DP T	<input type="checkbox"/> Delete
NAME	LUCZAK, DAVID A.	
STREET ADDRESS	3233 E BAY DR #103	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HAYES, ELIZABETH F.	
STREET ADDRESS	1988 Gulf to Bay Boulevard	
CITY-ST-ZIP	Clearwater, FL 33765	
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"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE OF DAVID A. LUCZAK* 1/6/03 727/531-8989

CR2E037 (10/02)