


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N20619** (5)

1. Corporation Name

**BAY PINES CONDOMINIUM ASSOCIATION, UNIT 2, BUILDING TWO, INC.**

Principal Place of Business

Mailing Address

**9801 BAY PINES BLVD.  
ST. PETERSBURG FL 33708**

**C/O C M C INC  
4175 EAST BAY DR #205  
LARGO FL 34624  
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**05/12/1987**

4. FEI Number

**59-2642257**

Applied For

☐ Not Applicable

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

**DON GRAHAM  
9801 BAY PINES BLVD.  
ST. PETERSBURG FL 33708**

10. Name and Address of New Registered Agent

81 Name

**COMMUNITY MANAGEMENT CONCEPTS, INC.**

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

**4175 EAST BAY DRIVE**

83

**SUITE 205**

84 City

**CLEARWATER**

FL

85 Zip Code

**34624**

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

*Hal Hildebrandt*

**HAL HILDEBRANDT, PRESIDENT**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/20/98**

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **CRAFT, GENEVIEVE**  
STREET ADDRESS **9950 47TH AVE., N #107**  
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **PD** ☐ DELETE

NAME **HILL, BILL**  
STREET ADDRESS **9950 47TH AVE NORTH #106**  
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **DS** ☐ DELETE

NAME **DUDLEY, BETTY**  
STREET ADDRESS **9950 47TH AVE N #304**  
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **VPD** ☐ DELETE

NAME **KEESE, BETT N**  
STREET ADDRESS **9725 51ST AVE NORTH**  
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **TD** ☐ DELETE

NAME **TROTT, PETER**  
STREET ADDRESS **378 145TH AVE**  
CITY-ST-ZIP **MADEIRA BCH FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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:

*Betty Dudley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1/15/98**

Daytime Phone # 0053394

CR2E037 (10/87)