

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90094 045 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N20619**

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

Principal Place of Business 9801 BAY PINES BLVD. ST. PETERSBURG FL 33708	Mailing Address C/O C M C INC 4175 EAST BAY DR #205 LARGO FL 34624 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/12/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2642257
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
COMMUNITY, MANAGEMENT CON 4175 E BAY DR STE 205 CLEARWATER FL 34624		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAFT, GENEVIEVE	1.2 NAME	
STREET ADDRESS	9950 47TH AVE., N #107	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, BILL	2.2 NAME	
STREET ADDRESS	9950 47TH AVE NORTH #106	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUDLEY, BETTY	3.2 NAME	
STREET ADDRESS	9950 47TH AVE N #304	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEESE, BETT N	4.2 NAME	
STREET ADDRESS	9725 51ST AVE NORTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROTT, PETER	5.2 NAME	
STREET ADDRESS	378 145TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MADEIRA BCH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 317, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED *B. Hill* 4799-319-4149  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)