

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20619

1. Entity Name

BAY PINES CONDOMINIUM ASSOCIATION, UNIT 2, BUILD

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90058 042 ****61.25

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

2. Principal Place of Business

3. Mailing Address

Comprehensive mgt
 10575 68th Ave N B3

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 Seminole, FL

4. FEI Number

59-2642257

Applied For

Not Applicable

Zip

Country

Zip

Country

33772

Pinellas

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

COMMUNITY, MANAGEMENT CON
 4175 E BAY DR
 STE 205
 CLEARWATER FL 34624

Name

COMPREHENSIVE MANAGEMENT CO.

Street

10575 68TH AVE. N. STE B-3

City

LANDMARK CENTER
 SEMINOLE, FLORIDA

33772

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.

SIGNATURE

Donald V. Cole

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

(NOTE: Registered Agent signature required when reinstating)

8/25/00

DATE

FILE NOW: FEE IS \$61.25
 After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution.

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\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CRAFT, GENEVIEVE	
STREET ADDRESS	9950 47TH AVE., N #107	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HILL, BILL	
STREET ADDRESS	9950 47TH AVE NORTH #106	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	DUDLEY, BETTY	
STREET ADDRESS	9950 47TH AVE N #304	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	KEESE, BETT N	
STREET ADDRESS	9725 51ST AVE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	TROTT, PETER	
STREET ADDRESS	378 145TH AVE	
CITY-ST-ZIP	MADEIRA BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hammill Nord	
STREET ADDRESS	14589 Barton Lake Dr	
CITY-ST-ZIP	Vicksburg, MI 49097	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martin, Richard	
STREET ADDRESS	16 River Rd	
CITY-ST-ZIP	Woburn, MA 01801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Booth, Dixie	
STREET ADDRESS	2339 Kings Pointe Dr.	
CITY-ST-ZIP	Largo, FL 33774	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Donald V. Cole

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/00

Date

Daytime Phone #

CR2E037 (5/00)