

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90221 041 ****61.25

0000708

DOCUMENT # N20619

1. Entity Name

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

Principal Place of Business

Mailing Address

9801 BAY PINES BLVD.
 ST. PETERSBURG FL 33708

670 C M C INC
 10575 68TH AVE. N STE B-3
 SEMINOLE FL 33772
 US

2. Principal Place of Business

3. Mailing Address

% Comprehensive Mgt

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10575 68th Ave N Ste B3

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

**COMPREHENSIVE MANAGEMENT CO
 10575 68TH AVE, N STE B-3
 LANDMARK CENTER
 SEMINOLE FL 33772**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$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** Delete
 NAME: **HAMMILL, NORD**
 STREET ADDRESS: **14589 BARTON LAKE DR**
 CITY-ST-ZIP: **VICKSBURG MI 49097**

TITLE: **SD** Change Addition
 NAME: **COUTURIER, MAXINE**
 STREET ADDRESS: **9950 47th AVE N #108**
 CITY-ST-ZIP: **St Petersburg FL 33708**

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

TITLE: **V/PD** Change Addition
 NAME: **Grisham, Thomas**
 STREET ADDRESS: **9950 47th Ave N #107**
 CITY-ST-ZIP: **St. Petersburg, FL 33708**

TITLE: **PD** Delete
 NAME: **FOWLER, GARY**
 STREET ADDRESS: **9950 47TH AVE N #304**
 CITY-ST-ZIP: **SAINT PETERSBURG FL 33708**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **V/PD TD** Delete
 NAME: **MARTIN, RICHARD**
 STREET ADDRESS: **16 RIVER RD**
 CITY-ST-ZIP: **WOBURN MA 01801**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **SD D** Delete
 NAME: **MACIOS, TED**
 STREET ADDRESS: **1216 27TH ST**
 CITY-ST-ZIP: **GRANITE CITY IL 62040**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

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: *Bill Hill*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/02 727-393-4370
 Date Daytime Phone #

CR2E037 (9/01)