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FILED
Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N36003 (4)
 1. Corporation Name
BAY AREA UNIT 112 INCORPORATED



Principal Place of Business C/O MAE VAN DAELE 172 HIGHLAND ST VALPARAISO FL 32580 US	Mailing Address C/O MAE VAN DAELE 172 HIGHLAND ST VALPARAISO FL 32580 US
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3. Date Incorporated or Qualified
01/03/1990

4. FEI Number
23-7337063

Applied For	Not Applicable
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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

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

VAN DAELE, MAE
172 HIGHLAND STREET
VALPARAISO FL 32580

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 State	86 Zip Code
				FL	

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 reinstalling) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PRIETO, MARGE	
STREET ADDRESS	1114 27TH STREET	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GARCIA, LINDA	
STREET ADDRESS	22 DEAL AVENUE	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BOUTWELL, MARY	
STREET ADDRESS	1005 27TH ST	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	VANDAELE, MAE	
STREET ADDRESS	172 HIGHLAND ST.	
CITY-ST-ZIP	VALPARAISO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LOMAS, SHIRLEY	
STREET ADDRESS	1500 18TH ST	
CITY-ST-ZIP	NICEVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DOVE, JO	
1.3 STREET ADDRESS	407 GLENDALE AVE	
1.4 CITY-ST-ZIP	VALPARAISO FL 32580	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BENTON, LOU	
3.3 STREET ADDRESS	1604 23 STREET	
3.4 CITY-ST-ZIP	NICEVILLE FL 32578	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: MAE VAN DAELE *Mae Van Daele* 1-26-98 850-678-4738

CR2E037 (10/97)