

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 17 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 # N96000000040 (3)
 1. Corporation Name
BACOPA BAY OWNER'S ASSOCIATION, INC.

Principal Place of Business 2201 4TH ST. N. STE. 200 ST. PETERSBURG FL 33704	Mailing Address 2201 4TH ST. N. STE. 200 ST. PETERSBURG FL 33704
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3. Date Incorporated or Qualified 12/26/1995		
4. FEI Number 59-3351032	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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
CHEEZEM, J. MICHAEL
2201 4TH ST. N. STE. 200
ST. PETERSBURG FL 33704

10. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COOPER, GAIL M		1.2 NAME	
STREET ADDRESS 2201 4TH ST. N. STE. 200		1.3 STREET ADDRESS	
CITY-ST-ZIP ST. PETERSBURG FL 33704		1.4 CITY-ST-ZIP	
TITLE DST	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BEAUMONT, SANDRA D.		2.2 NAME	
STREET ADDRESS 2201 4TH ST. N. STE. 200		2.3 STREET ADDRESS	
CITY-ST-ZIP ST. PETERSBURG FL		2.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LINDQUIST, RICHARD		3.2 NAME	Director
STREET ADDRESS 4953 BACOPA LN		3.3 STREET ADDRESS	Lane, Jeffrey
CITY-ST-ZIP ST PETERSBURG FL		3.4 CITY-ST-ZIP	4953 Bacopa Ln. S.
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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	

Director
 Lane, Jeffrey
 4953 Bacopa Ln. S.
 St. Petersburg, FL 33715

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 in an attachment with an address.

SIGNATURE: *Sandra B. Mortham* Secretary/Treas. 3/30/98 596-7970

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