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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000000040

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~~



2. Principal Place of Business

21 6025 Sun Blvd.

2a. Mailing Address

26 6025 Sun Blvd.

3. Date Incorporated or Qualified

12/26/1995

Suite, Apt. #, etc.

22 #202

Suite, Apt. #, etc.

27 #202

4. FEI Number

59-3351032

Applied For

Not Applicable

City & State

23 St. Petersburg, FL

City & State

28 St. Petersburg, FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

24 33715

Country

25 US

Zip

29 33715

Country

30 US

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

DOROTHY THOMAS

82 Street Address (P.O. Box Number is Not Acceptable)

6025 SUN BLVD.

83

SUITE 202

84

CITY ST. PETERSBURG

FL

85 Zip Code 33715

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 Dorothy Thomas

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

DOROTHY THOMAS

(NOTE: Registered Agent signature required when reinstating)

1/21/99

DATE

12. OFFICERS AND DIRECTORS

TITLE DP DELETE
NAME COOPER, GAIL M
STREET ADDRESS 2201 4TH ST. N. STE. 200
CITY-ST-ZIP ST. PETERSBURG FL 33704

TITLE DST DELETE
NAME BEAUMONT, SANDRA D.
STREET ADDRESS 2201 4TH ST. N. STE. 200
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D DELETE
NAME LANE, JEFFREY
STREET ADDRESS 4953 BACOPA LN S
CITY-ST-ZIP ST PETERSBURG FL 33715

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D Change Addition
1.2 NAME MURRAY, EARL
1.3 STREET ADDRESS 4953 BACOPA LANE S. #605
1.4 CITY-ST-ZIP ST. PETERSBURG, FL. 33715

2.1 TITLE VPD Change Addition
2.2 NAME DIAMOND, FRED
2.3 STREET ADDRESS 4963 BACOPA LANES. #504
2.4 CITY-ST-ZIP ST. PETERSBURG, FL. 33715

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE T/D Change Addition
4.2 NAME RUSSEL, GEORGE
4.3 STREET ADDRESS 4973 BACOPA LANES. #505
4.4 CITY-ST-ZIP ST. PETERSBURG, FL. 33715

5.1 TITLE S/D Change Addition
5.2 NAME CORBETT, RUTH
5.3 STREET ADDRESS 4991 BACOPA LANE S. #101
5.4 CITY-ST-ZIP ST. PETERSBURG, FL. 33715

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/99 864-2572
Date Daytime Phone #

CR2E037 (11/98)