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Feb 05 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 # **N21072** (6)

1. Corporation Name

BIG SKY PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business	Mailing Address
410 CONNIE L. DAVIS 2901 E IRLO BRONSON MEMORIAL HWY STE A KISSIMMEE FL 34744-5600	410 CONNIE L. DAVIS 2901 E IRLO BRONSON MEMORIAL HWY STE A KISSIMMEE FL 34744-5600

3. Date Incorporated or Qualified	
06/09/1987	
4. FEI Number	Applied For
59-2887970	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 STEPHEN E. DAVIS Suite, Apt. #, etc. 22 <i>same</i> City & State 23 <i>same</i> Zip 24 Country	26 STEPHEN E. DAVIS Suite, Apt. #, etc. 27 <i>same</i> City & State 28 <i>same</i> Zip 29 Country

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	

9. Name and Address of Current Registered Agent	
DAVIS, CONNIE L. 2901 E IRLO BRONSON MEMORIAL HWY STE A KISSIMMEE FL	

10. Name and Address of New Registered Agent	
81 Name	STEPHEN E. DAVIS
82 Street Address (P.O. Box Number is Not Acceptable)	
83	<i>same</i>
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 *Stephen E. Davis* (NOTE: Registered Agent signature required when reinstating) DATE **1-15-98**

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	DAVIS, CONNIE L.
STREET ADDRESS	2737 KISSIMMEE BAY CIRCLE
CITY-ST-ZIP	KISSIMMEE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	DAVIS, STEPHEN
STREET ADDRESS	2737 KISSIMMEE BAY CIRCLE
CITY-ST-ZIP	KISSIMMEE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	AWN, MICHAEL
STREET ADDRESS	2901 E. IRLO BRONSON-D
CITY-ST-ZIP	KISSIMMEE FL
TITLE	<i>Layton, Michael</i> <input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Layton, Michael <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	2901 E. Irlo Bronson - Suite B
1.3 STREET ADDRESS	Kissimmee, FL 34744
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 *Michael Layton* DATE **1-15-98**

CR2E037 (10/97)