

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90162 038 ****61.25

DOCUMENT # N21072

1. Corporation Name

BIG SKY PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

STEPHEN E. DAVIS
2901 E IRLO BRONSON MEMORIAL HWY STE A
KISSIMMEE FL 34744-5600
US

STEPHEN E. DAVIS
2901 E IRLO BRONSON MEMORIAL HWY STE A
KISSIMMEE FL 34744-5600
US



2. Principal Place of Business

2a. Mailing Address

2901 E IRLO BRONSON MEMORIAL HWY STE A
Suite, Apt. #, etc.

2901 E IRLO BRONSON MEMORIAL HWY STE A
Suite, Apt. #, etc.

A
City & State
Kissimmee, Florida

A
City & State
Kissimmee, Florida

24 34744 25
Zip Country

27 34744 28
Zip Country

3. Date Incorporated or Qualified

06/09/1987

4. FEI Number

59-2887970

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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.

3-1-99

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME LAYTON, MICHAEL
STREET ADDRESS 2901 E. IRLO BRONSON STE B
CITY-ST-ZIP KISSIMMEE FL 34744

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME DAVIS, STEPHEN
STREET ADDRESS 2737 KISSIMMEE BAY CIRCLE
CITY-ST-ZIP KISSIMMEE FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME AWN, MICHAEL
STREET ADDRESS 2901 E. IRLO BRONSON-D
CITY-ST-ZIP KISSIMMEE FL

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

NOT REQUIRED

3-1-99

407-933-7660

Date

Daytime Phone #

CR2E037 (11/98)