FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N46921

1. Corporation Name

1258 WEST BAY DRIVE OFFICE PARK ASSOCIATION, INC

Country

9. Name and Address of Current Registered Agent

25

Principal Place of Business 1258 WEST BAY DRIVE LARGO FL 34640

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

24

Zip

Mailing Address

1258 WEST BAY DRIVE LARGO FL 33770

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

29

Zip

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90008 028 ****61.25

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

 \Box

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

10. Name and Address of New Registered Agent

Trust Fund Contribution

01/16/1992

59-3120497

4. FEI Number

371053 - 90008 - 28

			81	Name				
KERN, DAVID F 516 LAKEVIEW ROAD			82	Street	Street Address (P.O. Box Number is Not Acceptable)			
					,			
BUILDING			83					
CLEARWATER FL 34616			84	City		85 Zij	Code	
CLEANIVA	1EN 1 E 04010		**	City	FL		1	
office or n	to the provisions of Sections 617.0502 and 617.1508 egistered agent, or both, in the State of Florida. Such m familiar with, and accept the obligations of, Section	change was autho	orized by	the corpo	corporation submits this statement for the purpose of coration's board of directors. I hereby accept the appoin	hanging i tment as	ts registered registered	
SIGNATURE					required when reinstation) DATE			
40	Signature, typed or printed name of registered agent and title if applicable		13.	t signature i	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12	
12.	OFFICERS AND DIRECTORS	DELETE	1.1 TITLE		ADDITIONS/OF/ANGLO TO GET TOCKS AND	Change		
TITLE	PD	□ bccric						
NAME	HAICKEN, VIVIAN G		1.2 NAME					
STREET ADDRESS	1258 WEST BAY DR., #E		1.3 STREET	ADORESS			İ	
CITY-ST-ZIP	LARGO FL		1.4 CITY-ST	r-ZIP				
TITLE	VD	☐ DELETE	2.1 TITLE		,	☐ Chang	e	
NAME	HAICKEN, BARRY N		2.2 NAME					
STREET ADDRESS	i		2.3 STREET	ADDRESS				
CITY-ST-ZIP	LARGO FL		2.4 CITY-S	T-ZIP				
TITLE	SD	DELETE	3.1 TITLE		the second secon	Change	B ☐ Addition	
NAME	HAICKEN, JEREMY		3.2 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS			}	
CITY-ST-ZIP	LARGO_FL		3.4. CITY-S	T-ZIP				
TITLE	TD	DELETE	4.1 TITLE			☐ Chang	e Addition	
NAME	HAICKEN, MATTHEW		4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS			1	
CITY-ST-ZIP	LARGO FL		4.4 CITY-ST					
TITLE	LANGO FL	☐ DELETE	5.1 TITLE			☐ Chang	e 🔲 Addition	
NAME			5.2 NAME					
			5.3 STREET	ADDRESS			j	
STREET ADORESS			5.4 CITY-ST				Ì	
CITY-ST-ZIP		DELETE	6.1 TITLE			Change	e Addition	
TITLE		□ DELETE	6.2 NAME					
NAME			6.3 STREET	ADDDESS			Į	
STREET ADDRESS	A CARDING						į	
CITY-ST-ZIP ; ?	<u> </u>		6.4 CITY-ST			E. 4L -4 /1-	- Information	
14. I hereby of indicated	certify that the information supplied with this filing doe on this annual report or supplemental annual report i	s not quality for the s true and accurate	e exempti e and that	on stated my sign	d in Section 119.07(3)(i), Florida Statutes. I further cert lature shall have the same legal effect as if made unde	ny that the roath; the	atiam an	

Country

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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: