

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14985

**FILED  
Mar 17, 2015  
Secretary of State  
CC0072358661**

**Entity Name:** BAY PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3233 EAST BAY DRIVE  
SUITE 103  
LARGO, FL 33771-1900

**Current Mailing Address:**

3233 EAST BAY DRIVE  
SUITE 103  
LARGO, FL 33771-1900 US

**FEI Number: 59-2800179**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ELLIS, DAVID R  
3233 EAST BAY DRIVE  
SUITE 101  
LARGO, FL 33771-1900 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name ELLIS, SUSAN G  
Address 3233 EAST BAY DRIVE, SUITE 100  
City-State-Zip: LARGO FL 33771

Title PD  
Name ELLIS, DAVID R  
Address 3233 EAST BAY DRIVE, SUITE 101  
City-State-Zip: LARGO FL 33771

Title SD  
Name HAYES, ELIZABETH F  
Address 418 MIDWAY ISLAND  
City-State-Zip: CLEARWATER FL 33767

Title TD  
Name LUCZAK, DAVID A  
Address 3233 EAST BAY DRIVE  
SUITE 103  
City-State-Zip: LARGO FL 33771-1900

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: DAVID A. LUCZAK**

**TREASURER**

**03/17/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date