

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 705784

(7)

1. Corporation Name

BAY AREA APARTMENT ASSOCIATION, INC.

Principal Place of Business

4509 GEORGE RD.  
TAMPA FL 33634

Mailing Address

4509 GEORGE RD.  
TAMPA FL 33634



3. Date Incorporated or Qualified  
06/20/1963

3a. Date of Last Report  
04/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
23-7099614

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCMILLAN, JOHN  
9385 N. 56TH STREET, SUITE 200  
TEMPLE TERRACE FL 33617

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~DP~~ ☐ DELETE  
NAME SOLLINGER, MIKE  
STREET ADDRESS 4919 MEMORIAL HWY #100  
CITY-ST-ZIP TAMPA FL

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

TITLE P ☐ DELETE  
NAME NORBOM, BEN  
STREET ADDRESS 111 PARKER ST. #300  
CITY-ST-ZIP TAMPA FL

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

TITLE PD ☐ DELETE  
NAME PUMMEL, JACK  
STREET ADDRESS 4509 GEORGE RD  
CITY-ST-ZIP TAMPA FL

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

TITLE ~~VP~~ ☐ DELETE  
NAME KISTEL, DAN  
STREET ADDRESS 5400 CYPRESS CENTER, #325  
CITY-ST-ZIP TAMPA FL

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

TITLE VP ☐ DELETE  
NAME BAAD, SCOTT  
STREET ADDRESS 701 W. FLETCHER #A  
CITY-ST-ZIP TAMPA FL

5.1 TITLE VPD ☒ Change ☐ Addition  
5.2 NAME 700001823457  
5.3 STREET ADDRESS -05/15/96--01141--003  
5.4 CITY-ST-ZIP \*\*\*70.00

TITLE ~~+~~ ☐ DELETE  
NAME MYERS, SUSAN  
STREET ADDRESS 4515 N. ROME AVENUE  
CITY-ST-ZIP TAMPA FL

6.1 TITLE D ☒ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96

813-882-0222

Date

Daytime Phone #

CR2E037 (12/95)