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Apr 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northing</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **705784** (7)

1. Corporation Name

**BAY AREA APARTMENT ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**4509 GEORGE RD.  
TAMPA FL 33634**

**4509 GEORGE RD.  
TAMPA FL 33634**

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCMILLAN, JOHN  
9385 N. 58TH 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 617.1506, 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PPD** ☒ DELETE  
NAME **SOLLINGER, MIKE**  
STREET ADDRESS **4919 MEMORIAL HWY #100**  
CITY-ST-ZIP **TAMPA FL**

1.1 TITLE **PD** ☐ Change ☒ Addition  
1.2 NAME **TERI ALLEN**  
1.3 STREET ADDRESS **4509 George Rd**  
1.4 CITY-ST-ZIP **TAMPA FL 33634**

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

2.1 TITLE **PPD** ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS **200 S Hoover Blvd # 110**  
2.4 CITY-ST-ZIP **TAMPA, FL 33609**

TITLE **PPD** ☒ DELETE  
NAME **PUMMEL, JACK**  
STREET ADDRESS **4509 GEORGE RD**  
CITY-ST-ZIP **TAMPA FL**

3.1 TITLE **TD** ☐ Change ☒ Addition  
3.2 NAME **DAVID WATKINS**  
3.3 STREET ADDRESS **4311 W. WATERS AVE # 402**  
3.4 CITY-ST-ZIP **TAMPA FL 33614**

TITLE **D** ☒ DELETE  
NAME **KISTEL, DAN**  
STREET ADDRESS **5400 CYPRESS CENTER, #325**  
CITY-ST-ZIP **TAMPA FL**

4.1 TITLE **VPD** ☐ Change ☒ Addition  
4.2 NAME **WARREN SCHOB**  
4.3 STREET ADDRESS **5421 Beaumont Center DR #685**  
4.4 CITY-ST-ZIP **TAMPA, FL 33634**

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

5.1 TITLE **SD** ☐ Change ☒ Addition  
5.2 NAME **GLEN EVERS**  
5.3 STREET ADDRESS **640 CARILLION PKWY**  
5.4 CITY-ST-ZIP **ST. PETERS BURG, FL 33716**

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

6.1 TITLE  
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 689, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**B. C. Northing** Director 1/28/98 813 282-2900  
President 948-0909

CR2E037 (10/97)