

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
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90010 041 ****70.00

0051505

DOCUMENT # 705784

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/20/1963

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

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ALLEN, TERI
STREET ADDRESS 4509 GEORGE RD
CITY-ST-ZIP TAMPA FL 33634

☐ DELETE

TITLE PPD
NAME NORBOM, BEN
STREET ADDRESS 200 S HOOVER BLVD, 110
CITY-ST-ZIP TAMPA FL 33609

☐ DELETE

TITLE TD
NAME WATKINS, DAVID
STREET ADDRESS 4311 W WATERS AVE, 402
CITY-ST-ZIP TAMPA FL 33614

☐ DELETE

TITLE VPD
NAME SCHOB, WARREN
STREET ADDRESS 5421 BEAUMONT CENTER DR, 685
CITY-ST-ZIP TAMPA FL 33634

☐ DELETE

TITLE SD
NAME EVERS, GLEN
STREET ADDRESS 540 CARILLION PKWY
CITY-ST-ZIP ST PETE FL 33716

☒ DELETE

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

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PPD
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

3.1 TITLE VPD
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE PD
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/99 813-882-0222

CR2E037 (11/98)