

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

03-24-2003 90133 012 ****61.25

DOCUMENT # 705784

1. Entity 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

**6107-B Memorial Hwy
Suite, Apt. #, etc. B**

3. Mailing Address

**SAME
Suite, Apt. #, etc.**

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33615

Country

USA

Zip

33615

Country

USA

4. FEI Number **23-7099614**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PPD ALLEN, TERI**
STREET ADDRESS **4509 GEORGE RD**
CITY-ST-ZIP **TAMPA FL 33634**

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

TITLE ☐ Delete
NAME **PPD WATKINS, DAVID**
STREET ADDRESS **4311 W WATERS AVE, 402**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE ☐ Delete
NAME **PD ROSENWASSER, MARC**
STREET ADDRESS **200 S. HOOVER BLVD #110**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE ☐ Delete
NAME **PPD ROD GRABER**
STREET ADDRESS **1722 Lakewood Shores Ln #200**
CITY-ST-ZIP **Brandon, FL 33510**

TITLE ☐ Delete
NAME **VPD Cindy Fredlund**
STREET ADDRESS **11302 W. Hillsborough Ave**
CITY-ST-ZIP **Tampa, FL 33635**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **PPD**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **PD ROD GRABER**
STREET ADDRESS **1722 Lakewood Shores Ln #200**
CITY-ST-ZIP **Brandon, FL 33510**

TITLE ☐ Change ☒ Addition
NAME **VPD Cindy Fredlund**
STREET ADDRESS **11302 W. Hillsborough Ave**
CITY-ST-ZIP **Tampa, FL 33635**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/03

Date

Daytime Phone #

CR2E037 (10/02)