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FILED

Apr 30 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 709416 (2)

1. Corporation Name

BUSINESS AND PROFESSIONAL ASSOCIATION OF BELLEAIR BLUFFS, INC.

Principal Place of Business

2840 W. BAY DR.
#359
BELLEAIR BLUFFS FL 34640
US

Mailing Address

2840 W. BAY DR
#359
BELLEAIR BLUFFS FL 33770-2620
US3. Date Incorporated or Qualified
08/10/19653a. Date of Last Report
03/05/1996

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

4. FEI Number
59-2783816Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fees Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. 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

FORD, EDWIN I.
2310 WEST BAY DRIVE
LARGO FL 34640

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ARBUTINE, CHRIS	
STREET ADDRESS	730 N. INDIAN ROCKS ROAD	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MCMANUS, MARY	
STREET ADDRESS	79 OVERBROOK BLVD	
CITY-ST-ZIP	LARGO FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	RISKOWITZ, SANDY	
STREET ADDRESS	125 SOUTH INDIAN ROCKS RD	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WICHLANSKI, TERRY T.	
STREET ADDRESS	2888 W. BAY ST.	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	IMHOFF, EMMA	
STREET ADDRESS	2840 W BAY DR	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ELIZABETH CAMPA-FLANAGAN	
1.3 STREET ADDRESS	2989 W Bay Dr.	
1.4 CITY-ST-ZIP	Belleair Bluffs, FL 33770	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DR KIMBERLY BENDER	
2.3 STREET ADDRESS	321 N INDIAN ROCKS RD #C	
2.4 CITY-ST-ZIP	Belleair Bluffs, FL 33770	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	EMMA IMHOFF	
3.3 STREET ADDRESS	2840 W. Bay Dr.	
3.4 CITY-ST-ZIP	Belleair Bluffs, FL 33770	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MARY K. BROTHAN	
4.3 STREET ADDRESS	2781 W. Bay Dr.	
4.4 CITY-ST-ZIP	Belleair Bluffs, FL 33770	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JOAN DRAGON	
5.3 STREET ADDRESS	119 S INDIAN ROCKS Rd.	
5.4 CITY-ST-ZIP	Belleair Bluffs, FL 33770	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Cathy OTTAVIANI	
6.3 STREET ADDRESS	464 Bluff View Dr.	
6.4 CITY-ST-ZIP	Belleair Bluffs, FL 33770	

14. I do 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.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/97

813 584-8615

Daytime Phone # 0049581

CR2E037 (9/96)