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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710555

1. Corporation Name
BAY PINES ESTATES CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 4004 BAY PINES FL 33504	P.O. BOX 4004 BAY PINES FL 33504

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 03/21/1966
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2773650 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MCLAREN, BETTY A.
9893 47TH AVE. NORTH
ST. PETERSBURG FL 33708

10. Name and Address of New Registered Agent

81 Name: AL GAREAU
82 Street Address (P.O. Box Number is Not Acceptable): 9971 48th Ave N
83
84 City: St. Petersburg FL 85 Zip Code: 33708

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: Al Gareau Pres. DATE: 1/17/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☒ DELETE	1.1 TITLE	1st Vice President	☐ Change ☒ Addition
NAME	SEEL, MICHAEL		1.2 NAME	Chris Grad	
STREET ADDRESS	4972 99TH ST. N.		1.3 STREET ADDRESS	9973 48th PL. N.	
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CITY-ST-ZIP	St. Petersburg FL 33708	
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LILIES, JAN		2.2 NAME		
STREET ADDRESS	9836 48TH AVE. N.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FISHER, AL		3.2 NAME		
STREET ADDRESS	9972 48 PLACE N		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33708		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	THOMPSON, ROBERT		4. 2 NAME		
STREET ADDRESS	9985-56TH PLACE N.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BUTLER, MARY		5.2 NAME		
STREET ADDRESS	6252- 99TH WAY N.		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	Director/Board Member	☐ Change ☒ Addition
NAME	WHITE, KEN		6.2 NAME	Betty White	
STREET ADDRESS	9963-55TH AVE. N.		6.3 STREET ADDRESS	9963 55 Ave N	
CITY-ST-ZIP	ST. PETERSBURG FL		6.4 CITY-ST-ZIP	St Petersburg FL 33708	

CR2E037 (11/98)

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 1/25/98 (727) 507-6299.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #