

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # 721080

(O)

1995 MAR 23 AM 8:19

1. Corporation Name

LAKELAND REGIONAL MEDICAL CENTER FOUNDATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1324 LAKELAND HILLS BLVD.
P.O. BOX 95440
LAKELAND FL 33804

1324 LAKELAND HILLS BLVD.
P.O. BOX 95448
LAKELAND FL 33804

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/03/1971

3a. Date of Last Report

02/18/1994

4. FEI Number

23-7134974

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEPHENS, JACK T.
1324 LAKELAND HILLS BLVD.
(P. O. BOX 95448)
LAKELAND FL 33804

81 Name

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

83

84 City

000001439370
-03/24/95--01085--015
*****61.2FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SACO, LOUIS S
STREET ADDRESS 1600 LAKELAND HILLS BLVD
CITY - ST - ZIP LAKELAND FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

Change Addition

TITLE D
NAME LANGFORD, JOHN
STREET ADDRESS 1250 SCOTT GLEND DR
CITY - ST - ZIP LAKELAND FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

Change Addition

TITLE D
NAME FORTIN, SANDY
STREET ADDRESS 2238 BRANDON ROAD
CITY - ST - ZIP LAKELAND FL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

Change Addition

TITLE TD
NAME STEPHENS, JACK T.
STREET ADDRESS 381 E. BELVEDERE
CITY - ST - ZIP LAKELAND FL

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

Change Addition

TITLE D
NAME DRAKE, M.D., FRANCIS D.
STREET ADDRESS 1108 HUNT AVE.
CITY - ST - ZIP LAKELAND FL

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

Change Addition

TITLE SD
NAME O'REILLY, ALICE
STREET ADDRESS 4774 SO FLORIDA AVE
CITY - ST - ZIP LAKELAND FL

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Normann
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 721088 (3)

1. Corporation Name

BAYFRONT TOWER CONDOMINIUM ASSOCIATION RESIDENTIAL INC.

700001441717
-03/28/95--01042--014
****130.00 ****130.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

RESIDENTIAL INC
ONE BEACH DRIVE
ST PETERSBURG FL 33701

RESIDENTIAL INC
ONE BEACH DRIVE
ST PETERSBURG FL 33701

3. Date Incorporated or Qualified

06/04/1971

3a. Date of Last Report

03/25/1994

4. FEI Number

59-1447554

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. 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

LANG, NICHOLAS F
520 FOURTH STREET NORTH
ST. PETERSBURG FL 33701

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
MCKEE, CLARENCE W
ONE BEACH DRIVE
ST PETERSBURG FL 33701

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
HOWARD, ROBERT C.
ONE BEACH DRIVE
ST. PETERSBURG FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
SCOTT, HARRY W
ONE BEACH DRIVE
ST PETERSBURG FL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
PARRISH, JOHN D.
ONE BEACH DRIVE
ST. PETERSBURG FL

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
DUSSEAU, NORMAN P
ONE BEACH DR
ST PETERSBURG FL 33701

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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, changed, or on an attachment with an address.

SIGNATURE:

Harry W. Scott

PRINT NAME AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-20, 1995

(913)

895-34661

System 1/2/95

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