## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** 

SIGNATURE:

May 01 1998 8:00am FLORIDA DEPARTMENT DSTATE CORPORATION Sandra B. Morthi **ANNUAL REPORT** Secretary of State Secretary of Stat DIVISION OF CORPOR ONS 1998 **DOCUMENT #**1. Corporation Name (3)739272 BAY PALMS CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address C/O BUXTON PROPERTIES. INC. 147 BELCHER RD. STE 2 C/O BUXTON PROPERTIES. INC. 147 BELCHER RD.STE 2 3. Date Incorporated or Qualified 06/07/1977 LARGO FL 34641 LARGO FL 34641 4. FEI Number Applied For 59-1387550 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 22 City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No 28 Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11 Name BUXTON, BRIAN 12 Street Address (P.O. Box Number is Not Acceptable) C/O BUXTON PROPERTIES, INC. 13 147 BELCHER RD SUITE 2 **LARGO FL 34641** Ħ 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Fiorida Statutes, the acve-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. Such change was authorize 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, Fiorida States. SIGNATURE Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change DELETE TITLE 1.1 T.E HARR NAME JAMIESON, DARRELL 1.2 Ne STREET ADDRESS 2750 E BAY DR E-11 1.3 REET ADDRESS LARGO FL CITY-ST-ZIP 1.4 (Y-ST-2)P Change Addition DELETE TITA F 2.1 LE NAME WEISH, JACK 2.2 NAE STREET ADDRESS 2750 E BAY DR, B14 2.3 SIEET ADDRESS CITY-ST-ZIP LARGO FL 2.4 TY-ST-2P ROBINSON, DONALE Change Addition TITLE DELETE 3.1 TE NALAF DAWSON, PATRICK 3.2 ME 3.3 SEET ADDRESS STREET ADDRESS 2750 E BAY DR D-9 LARGO FL CITY-ST-ZIP 3.4. TY-ST-ZIP DELETE 4.1 LE 4. 2 ME STREET ADDRESS 2750 E BAY DR B-1 4.3 SHEET ADDRESS CITY-ST-ZIP LARGO FL 4.4 CY-\$T-ZIP DELETE TITLE 5.1 TEE HOENECHE, ROBER 1850 JAMESWAY S BONJURA, JACK 5.2 NME STREET ADDRESS 2750 E BAY DR, D4 5.3 STEET ADDRESS LARGO FL CITY-ST-ZIP 5.4 CIY-ST-ZIP TITLE DELETE 8.1 TR F MILES, MARY LOU 6.2 NME STREET ADDRESS 2750 E BAY DR F-1 6.3 FREET ADDRESS LARGO FL CITY-ST-ZIP 6.4 QTY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the elemption 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 his 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.

ohnsilavaldune REQUIRED

FILED