

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90324 045 ****61.25

DOCUMENT # 739272 1. Entity Name BAY PALMS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O BUXTON PROPERTIES, INC. 147 BELCHER RD, STE 2 LARGO, FL 34641 US			Mailing Address C/O BUXTON PROPERTIES, INC. 147 BELCHER RD, STE 2 LARGO, FL 34641 US		
2. Principal Place of Business 2750 EAST BAY DR. Suite, Apt. #, etc.		3. Mailing Address C/O CMC, INC. 4175 EAST BAY DR, STE 205 Suite, Apt. #, etc.			
City & State LARGO, FL		City & State CLEARWATER, FL		4. FEI Number 59-1387550	
Zip 33771		Zip 33764		Country USA	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BUXTON, BRIAN C/O BUXTON PROPERTIES, INC. 147 N. BELCHER RD, SUITE 2 LARGO, FL 33771			7. Name and Address of New Registered Agent Name HAL HILDEBRANDT Street Address (P.O. Box Number is Not Acceptable) C/O CMC, INC. 4175 EAST BAY DR, SUITE 205 City CLEARWATER FL Zip Code 33764		
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 04/17/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHNEIDER, RICHARD 2750 E. BAY DR. #A-15 LARGO, FL 33771 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DRESLSKI, MYRON 2750 E BAY DR F6 LARGO, FL 33771 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COLLINS, CLIFF 2750 E BAY DR, A-6 LARGO, FL ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC'y JOHN PALMER 2150 E BAY # A2 LARGO, FL 33771 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GITTINO, MARY 2750 E BAY DR F5 LARGO, FL 33771 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	J. CHARMAINE PALMER 2150 E BAY # A2 LARGO, FL 33771 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KALATA, MARY 2750 E. BAY DR. F-15 LARGO, FL 33771 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCOWITZ, MARY 2750 E BAY DRIVE D-8 LARGO, FL 33771 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: 4-7-04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

24040100



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