

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90191 007 ****61.25

DOCUMENT # 739272

1. Entity Name
BAY PALMS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**2750 EAST BAY DR
LARGO, FL 33771 US**

Mailing Address
**% CME, INC.
4175 EAST BAY DR, STE 205
CLEARWATER, FL 33764 US**

50036544



2. Principal Place of Business

3. Mailing Address **c/o CMC INC**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03232005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1387550

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HILDEBRANDY, HAL
% CMC, INC
4175 EAST BAY DRIVE, SUTE 205
CLEARWATER, FL 33764**

Name **HAL HILDEBRANDT**

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

City

FL

Zip Code

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:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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

TITLE **VP** ☒ Delete
NAME **SCHNEIDER, RICHARD**
STREET ADDRESS **2750 E. BAY DR. #A-15**
CITY-ST-ZIP **LARGO, FL 33771**

TITLE **P** ☐ Delete
NAME **DRESLINSKI, MYRON**
STREET ADDRESS **2750 E BAY DR F6**
CITY-ST-ZIP **LARGO, FL 33771**

TITLE **STD** ☐ Delete
NAME **PALMER, JOHN**
STREET ADDRESS **2750 E. BAY #A-2**
CITY-ST-ZIP **LARGO, FL 33771**

TITLE **D** ☐ Delete
NAME **PALMER, CHARMAINE**
STREET ADDRESS **2750 E BAY #A-2**
CITY-ST-ZIP **LARGO, FL 33771**

TITLE **T** ☐ Delete
NAME **KALATA, MARY**
STREET ADDRESS **2750 E. BAY DR. F-15**
CITY-ST-ZIP **LARGO, FL 33771**

TITLE **D** ☐ Delete
NAME **MARCOWITZ, MARY**
STREET ADDRESS **2750 E BAY DRIVE D-8**
CITY-ST-ZIP **LARGO, FL 33771**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** ☒ Change ☐ Addition
NAME **MAC MACKENZIE**
STREET ADDRESS **2750 EAST BAY DR E-9**
CITY-ST-ZIP **Largo FL 33771**

TITLE **DP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **-** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **-** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **-** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SONNY C. PALMER JR Sec 4/6/05 727 5363964