

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000003265

1. Entity Name
BAY AREA PLAZA ASSOCIATION, INC.



Principal Place of Business
**613 S. HANCOCK
PHILADELPHIA, PA 19147**

Mailing Address
**613 S. HANCOCK
PHILADELPHIA, PA 19147**



01312004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BARBER, CHARLES F
1550 SOUTH HIGHLAND AVENUE
SUITE B
CLEARWATER, FL 33756**

**DO NOT WRITE
IN THIS SPACE**

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FORESTER, SALLY
STREET ADDRESS 613 S. HANCOCK
CITY-ST-ZIP PHILADELPHIA, PA 19147

TITLE VD
NAME FORESTER, MARK
STREET ADDRESS 613 S. HANCOCK
CITY-ST-ZIP PHILADELPHIA, PA 19147

TITLE STD
NAME BARBER, CHARLES F
STREET ADDRESS 1550 S. HIGHLAND AVENUE #B
CITY-ST-ZIP CLEARWATER, FL 33756

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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U00000038716
02/06/04-80148-016 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Sally Forester

1/31/04

Date

Daytime Phone #