

# 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2006 DEC -4 PM 12:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N03000005460</b>					
<b>1. Entity Name</b> BAY VIEW BELL TOWERS CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 3015-17 BAY VIEW AVE TAMPA, FL 33611 US			<b>Mailing Address</b> P.O. BOX 2757 TAMPA, FL 33601		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 3017 W. Bay View Ave.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Tampa FL			
Zip	Country	Zip 33611	Country US	<b>4. FEI Number</b> 20-0196110	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> JACOB, JAMES C JACOB REAL ESTATE SERVICES, INC. 115 S. ALBANY AVENUE TAMPA, FL 33606			<b>7. Name and Address of New Registered Agent</b> Name: Sean Dunne Street Address (P.O. Box Number is Not Acceptable): 3017 W Bay View Ave Unit A City: Tampa FL Zip Code: 33611		
<b>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.</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>SIGNATURE</b>   <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 30%; text-align: center;">                 (NOTE: Registered Agent signature required when reinstating)             </div> <div style="width: 20%; text-align: right;">                 DATE                  11/30/06             </div> </div>					
Amended AR is \$61.25		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> TANNENBAUM, ROBERT <b>STREET ADDRESS</b> 5118 W. POE STREET <b>CITY-ST-ZIP</b> TAMPA, FL 33629	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> Dunne, Sean <b>STREET ADDRESS</b> 3017A Bay View Ave. <b>CITY-ST-ZIP</b> Tampa, Fl 33611	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VD <b>NAME</b> SMITH, GARY <b>STREET ADDRESS</b> 101 E. KENNEDY BLVD., SUITE 1060 <b>CITY-ST-ZIP</b> TAMPA, FL 33601	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VPD <b>NAME</b> Suarez, Jeff <b>STREET ADDRESS</b> 3017C Bay View Ave. <b>CITY-ST-ZIP</b> Tampa, Fl 33611	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> STD <b>NAME</b> ZAMANI, ROBERT <b>STREET ADDRESS</b> 1102 SOUTH MOODY AVE. <b>CITY-ST-ZIP</b> TAMPA, FL 33629	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> Secretary, D <b>NAME</b> Narkiewicz, Rick <b>STREET ADDRESS</b> 3015C Bay View Avenue <b>CITY-ST-ZIP</b> Tampa, Fl 33611	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> Treasurer, D <b>NAME</b> Heiman, Richard <b>STREET ADDRESS</b> 3015B Bay View Ave. <b>CITY-ST-ZIP</b> Tampa, Fl 33611	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b>			November 1, 2006		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

12/1/06