

FILE NOW: FILING FEE IS \$61.25

FILED  
May 12 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N13434 (8)**  
1. Corporation Name  
**BAY CREST PARK CIVIC ASSOCIATION, INCORPORATED**



|  |   |
|--|---|
| Principal Place of Business<br><b>P.O. BOX 26116<br/>TAMPA FL 33685-1116</b> | Mailing Address<br><b>P.O. BOX 26116<br/>TAMPA FL 33685</b> |
|--|---|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>02/14/1986</b> | 3a. Date of Last Report<br><b>04/01/1996</b> |
|--|--|

|  |   |
|--|---|
| 2. Principal Place of Business<br>21<br>Suite, Apt. #, etc.<br><b>P.O. Box 26116</b><br>City & State<br><b>Tampa FL</b><br>Zip<br><b>33685</b> | 2a. Mailing Address<br>26<br>Suite, Apt. #, etc.<br><b>P.O. Box 26116</b><br>City & State<br><b>Tampa FL</b><br>Zip<br><b>33685</b> |
|--|---|

|  |  |
|--|--|
| 4. FEI Number<br><b>47-9105449</b>   | Applied For<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 5. Certificate of Status Desired<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | <b>\$8.75 Additional Fee Required</b>  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                  | <b>\$5.00 May Be Added to Fees</b>   |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent  
**CUTRONO, ANTHONY JR.  
8305 FLINTROCK CT.  
TAMPA FL 33615**

10. Name and Address of New Registered Agent  
61 Name  
**JOHN M. PARCELEWICZ**  
62 Street Address (P.O. Box Number is Not Acceptable)  
**4716 TRAVERTINE DRIVE**  
63  
64 City  
**TAMPA FL** 65 Zip Code  
**33615**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized 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, Florida Statutes.

SIGNATURE: *John M. Parcelewicz* **John M. PARCELEWICZ** **April 29/1997**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

|   |  |
|---|--|
| TITLE<br><b>P</b>                             | <input checked="" type="checkbox"/> DELETE |
| NAME<br><b>CUTRONO, ANTHONY JR.</b>           |  |
| STREET ADDRESS<br><b>8305 FLINTROCK CT.</b>   |  |
| CITY-ST-ZIP<br><b>TAMPA FL 33615</b>          |  |
| TITLE<br><b>V</b>                             | <input type="checkbox"/> DELETE            |
| NAME<br><b>REDMOND, LAWRENCE</b>              |  |
| STREET ADDRESS<br><b>8425 FLAGSTONE DRIVE</b> |  |
| CITY-ST-ZIP<br><b>TAMPA FL 33615</b>          |  |
| TITLE<br><b>S</b>                             | <input type="checkbox"/> DELETE            |
| NAME<br><b>WUNDER, RUTH</b>                   |  |
| STREET ADDRESS<br><b>4659 BAY CREST DRIVE</b> |  |
| CITY-ST-ZIP<br><b>TAMPA FL 33615</b>          |  |
| TITLE<br><b>D</b>                             | <input type="checkbox"/> DELETE            |
| NAME<br><b>LAMOUREUX, GEORGE</b>              |  |
| STREET ADDRESS<br><b>8705 THORNWOOD LN.</b>   |  |
| CITY-ST-ZIP<br><b>TAMPA FL 33615</b>          |  |
| TITLE<br><b>D</b>                             | <input checked="" type="checkbox"/> DELETE |
| NAME<br><b>PARCELEWICZ, JOHN</b>              |  |
| STREET ADDRESS<br><b>4716 TRAVERTINE DR.</b>  |  |
| CITY-ST-ZIP<br><b>TAMPA FL 33615</b>          |  |
| TITLE<br><b>D</b>                             | <input type="checkbox"/> DELETE            |
| NAME<br><b>DOLPHIN, JOHN</b>                  |  |
| STREET ADDRESS<br><b>8714 TAHITI LANE</b>     |  |
| CITY-ST-ZIP<br><b>TAMPA FL 33615</b>          |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|   |  |
|---|--|
| 1.1 TITLE<br><b>P</b>                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME<br><b>PARCELEWICZ, JOHN M</b>          |  |
| 1.3 STREET ADDRESS<br><b>4716 TRAVERTINE DR</b> |  |
| 1.4 CITY-ST-ZIP<br><b>TAMPA FL 33615</b>        |  |
| 2.1 TITLE                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME  |  |
| 2.3 STREET ADDRESS                              |  |
| 2.4 CITY-ST-ZIP                                 |  |
| 3.1 TITLE                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME  |  |
| 3.3 STREET ADDRESS                              |  |
| 3.4 CITY-ST-ZIP                                 |  |
| 4.1 TITLE                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME  |  |
| 4.3 STREET ADDRESS                              |  |
| 4.4 CITY-ST-ZIP                                 |  |
| 5.1 TITLE<br><b>D</b>                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME<br><b>PILE, GLAE</b>                   |  |
| 5.3 STREET ADDRESS<br><b>4715 TRAVERTINE DR</b> |  |
| 5.4 CITY-ST-ZIP<br><b>TAMPA FL 33615</b>        |  |
| 6.1 TITLE                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME  |  |
| 6.3 STREET ADDRESS                              |  |
| 6.4 CITY-ST-ZIP                                 |  |

14. I do 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 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 this 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.

SIGNATURE: *John M. Parcelewicz* **JOHN M. PARCELEWICZ** **4/29/97 (813) 291-4486**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0079222

CR2E037 (9/96)