SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25)

NONPROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 08 1998 8:00am
Secretary of State

000451S

DOCUMENT # N13434 (8)

1. Corporation Name

BAY CREST PARK CIVIC ASSOCIATION, INCORPORATED

Principal Place of Business	Mailing Address
P.O. BOX 26116 TAMPA FL 33685-1116 US	P.O. BOX 26116 TAMPA FL 33685-1116 US

3. Date Incorporated or Qualified: 02/14/1986

4. FEI Number: 47-9105449 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? [ ] Yes [X] No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [X] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22 P.O. BOX 26116
City & State
23
Zip 24 | Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27 P.O. BOX 26116
City & State
28
Zip 29 | Country 30

9. Name and Address of Current Registered Agent

PARCELEWICZ, JOHN M
4716 TRAVERTINE DRIVE
TAMPA FL 33615

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	[ ] DELETE	1.1 TITLE		[X] Change [ ] Addition
NAME	PARCELEWKZ, JOHN M		1.2 NAME	Parcelewicz, John M.	
STREET ADDRESS	4716 TRAVERTINE DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	V	[ ] DELETE	2.1 TITLE	Treasurer	[ ] Change [X] Addition
NAME	REDMOND, LAWRENCE		2.2 NAME	John A. Dunham	
STREET ADDRESS	8425 FLAGSTONE DRIVE		2.3 STREET ADDRESS	4921 Bay Crest Dr.	
CITY-ST-ZIP	TAMPA FL 33615		2.4 CITY-ST-ZIP	Tampa, Fl. 33615	
TITLE	S	[ ] DELETE	3.1 TITLE		[ ] Change [ ] Addition
NAME	WUNDER, RUTH		3.2 NAME		
STREET ADDRESS	4659 BAY CREST DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33615		3.4 CITY-ST-ZIP		
TITLE	D	[ ] DELETE	4.1 TITLE		[ ] Change [ ] Addition
NAME	LAMOUREUX, GEORGE		4.2 NAME		
STREET ADDRESS	8705 THORNWOOD LN.		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33615		4.4 CITY-ST-ZIP		
TITLE	D	[ ] DELETE	5.1 TITLE		[ ] Change [ ] Addition
NAME	PILE, GLAE		5.2 NAME		
STREET ADDRESS	4715 TRAVERTINE DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP		
TITLE	D	[X] DELETE	6.1 TITLE	T	[X] Change [ ] Addition
NAME	DOLPHIN, JOHN		6.2 NAME		
STREET ADDRESS	8714 TAHITI LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33615		6.4 CITY-ST-ZIP		

CR2E037 (5/98)

14. 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 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 A. Dunham — 9/28/98 — 813-885-7432

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #