

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90036 009 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N13434**

1. Corporation Name

**BAY CREST PARK CIVIC ASSOCIATION, INCORPORATED**

Principal Place of Business

P.O. BOX 26116  
PO BOX 261116  
TAMPA FL 33685-1116  
US

Mailing Address

P.O. BOX 26116  
PO BOX 261116  
TAMPA FL 33685-1116  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

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

TITLE P ☐ DELETE

NAME PARCELEWICZ, JOHN M  
STREET ADDRESS 4716 TRAVERTINE DR.  
CITY-STATE-ZIP TAMPA FL

TITLE V ☐ DELETE

NAME REDMOND, LAWRENCE  
STREET ADDRESS 8425 FLAGSTONE DRIVE  
CITY-STATE-ZIP TAMPA FL 33615

TITLE S ☐ DELETE

NAME WUNDER, RUTH  
STREET ADDRESS 4659 BAY CREST DRIVE  
CITY-STATE-ZIP TAMPA FL 33615

TITLE D ☒ DELETE

NAME LAMOUREUX, GEORGE  
STREET ADDRESS 8705 THORNWOOD LN.  
CITY-STATE-ZIP TAMPA FL 33615

TITLE D ☐ DELETE

NAME PILE, GLAE  
STREET ADDRESS 4715 TRAVERTINE DR.  
CITY-STATE-ZIP TAMPA FL

TITLE T ☐ DELETE

NAME DUNHAM, JOHN A 4921 BA  
STREET ADDRESS 8714 TAHITI LANE  
CITY-STATE-ZIP TAMPA FL 33615

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Secretary ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE President ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE Vice President ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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, with all other like empowered.

SIGNATURE:

*John A. Dunham* (John A. Dunham)

4/24/99

813-888-7132

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)