## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name N13881

(0)

BAY PROFESSIONAL BUILDING CONDOMINIUM ASSOCIATIO N, INC.												
Principal Place of Business Mailing Address								I TOUTHUR SET TIERS THE SELECTION SELECTION SELECTION SELECTION				
% MICHAEL KAMBOURRELIS % MICHAEL KAMBOURRELIS 2061 PALM BAY ROAD N.E. 2061 PALM BAY ROAD N.E. PALM BAY FL 32905 PALM BAY FL 32905								Date Incorporated or Qualified	3a. Dat	e of La	st Re	nort
				US			03/17/1986	05/01/1995			, I	
	rincipal Pla	ce of Business	2a. Mailing Address			4. FEI Number	Table			olied For		
21				26			59-3034100	Not Applicable				
22 22	Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired		,		dditional quired	
Çi	City & State			City & State			6. Election Campaign Financing		\$5	.00	May Be	
23				28			Trust Fund Contribution		Ad	ded to	o Fees	
Zij	р	Cou	intry	Zip	h	untry		8. This corporation has liability for in			s. 19	9.032,
24	25 29 30 9. Name and Address of Current Registered Agent							Florida Statutes Yes No  10. Name and Address of New Registered Agent				
		<b>8.</b> 1100 110 110 110		11031010101130111		81	Name	15. (14.1.)	<b>3</b>	<b>9</b>		.,
KAMBOURELIS,MICHAEL						82	Ctroot Addr	ess (P.O. Box Number is Not Acceptable	<u>,                                      </u>			
2061 PALM BAY ROAD N.E.						02	Street Addin	ess (F.O. Box Northber is Not Acceptable	7			
PALM BAY FL 32905					83		**************************************					
Triani Brill L GEOOG						84	City			85	Zip C	ode.
							·		FL			
<ol> <li>Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above- or registered agent, or both, in the State of Florida. Such change was authorized by the corp.</li> </ol>								ation submits this statement for the purp	ose of char	nging it	s regi	stered office
familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								o of all distores. Thereby absorpt the appear		og.ote.	00 00	,
SIGN	IATURE _						t signature required		DATE			
Signature, typed or printed name of registered agent and tit all applicable. (NOTE: Registered  12. OFFICERS AND DIRECTORS  13.						<del></del>	t signature required	ADDITIONS/CHANGES TO OFFIC		DIREC	TORS	S IN 12
TITLE	1	PD	OT TICE TO THE	DELETE		TITLE				Chang		Addition
NAME	URBAN, MARK			<del></del>	1.21	1.2 NAME			_	_		_
STREET ADDRESS 2061 PALM BAY ROAD N.E.				1.3 9	1.3 STREET ADDRESS							
CITY-	ST-71P	PALM BAY FL			1.4 (	CITY-S	T-ZIP					
TITLE		STD		DELETE	2.1 3	TITLE			Ĺ	Chang	je	Addition
NAME	- AIDDAL IN A HINDAIL				2.2 NAME							
STREE	STREET ADDRESS 2061 PALM BAY RD NE				2.3 STREET ADDRESS							
	ST-ZIP	PALM BAY FL		Prince per		CITY-5	ST-ZIP					FT 1.3.22
TITLE	ĺ	VD		DELETE		TITLE			L	]] Chang	<b>j</b> e	Addition
	NAME KAMBOURELIS, MICHAEL STREET ADDRESS 2061 PALM BAY RD NE				3.2 NAME 3.3 STREET ADDRESS		ADDDCCC					
1		PALM BAY FL	IT NU NE			CITY-S						
TITLE	ST-ZIP	PALM DATEL		DELETE		TITLE	51-£IF			Chang		Addition
NAME						NAME						
1 .	STREET ADDRESS				4.3 STREET ADDRESS		ADDRESS					
	ST-ZIP					CITY-S						
TITLE				DELETE		TITLE				Chang	ge	Addition
NAME					5.2	NAME						
STREE	T ADDRESS				5.3	STREET	ADDRESS					
спу-	ST-ZIP				5.4	CITY - S	T-ZIP		······			_
TITLE				DELETE	6.1	TITLE				Chang	ge	Addition
NAME					6.2	NAME						
STREE	T ADDRESS				6.3	STREET	ADDRESS					

14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: =

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #