## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Aug 01, 2007 8:00 am Secretary of State

	ANNUAL	KEPOKI			S	ecretai	rv o	f Sta	te
DOCU 1. Entity Nam BAY VIST			Secretary of State 08-01-2007 90036 004 ****70.00						
Principal Plac 3111 W MLK STE 300 RALEIGH, NC	IR BLVD	Mailing Address 3100 SMOKETREE CT STE-600 RALEIGH, NC 27604	us			HERE (EC) BIEIR EIN ER			
	lace of Business - No P.O. Box #	3. Mailing Address	B						
Suite, Apt.	ch Data Drive, C1-5 #.etc.	5350 Tech Data Suite, Apt. #, etc.	Drive, (	31-5	07242007	Chg-NP	CR2E03	37 (12/06)	
City & State Clearwat		City & State Clearwater, FL			4. FEI Number 59-3015				plied For
Zip	Country	Zip	Country			of Status Desired		\$8.75 Add	
33760	U.S. 6. Name and Address of Current F	33760	U.S.					Fee Required	<u>t</u>
MEYERS, STEPHEN A %HIGHWOODS PROPERTIES 3111 W MLK JR BLVD STE-300 TAMPA, FL 33607				7. Name and Address of New Registered Agent  Name Benjamin B. Godwin  Street Address (P.O. Box Number is Not Acceptable) Tech Data Corporation					
, , , , , , , , , , , , , , , , , , ,			City	5350 Tech Data Drive, C1-5  City Clearwater  FL			FL	Zip Code	
8. The above the obligat	named entity submits this statement for ions of registered agent.  Signature, typed or printed name of registered agent a	Paesilest, Die	gistered office o	r registere	ed agent, or both	n, in the State of Flo		familiar with,	and accept
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees  Make check payable to Florida Department of State				
40		Trust Fund Cor			Added to Fees				
10.	OFFICERS AND DIR	ECTORS	11.	A	Added to Fees		ida Depar	tment of St	ate 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIR DP FLORSRY, TAMI 3111 W MLK JR BLVD, STE-300 TAMPA, FL 33607		ntribution.	D/S Susa 5350	Added to Fees  DDITIONS/CHA  n Allan  Tech Da	FloringES TO OFFICEI	ida Depar	tment of St	ate
TITLE NAME STREET ADDRESS	DP FLORSRY, TAMI 3111 W MLK JR BLVD, STE-300 TAMPA, FL 33607 S GRIMM, ALICE 3111 W. MLK JR BLVD, SUITE 30 TAMPA, FL 33607	ECTORS  Delete	11. TITLE NAME STREET ADDRESS	D/S Susa 5350 Clea D/V Mehro 5400	Added to Fees DDITIONS/CHA  n Allan Tech Da rwater,  dad Mosh Tech Da	Floringes TO OFFICEI  ta Drive, FL 33760  tagh	ida Depar	tment of St	to 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DP FLORSRY, TAMI 3111 W MLK JR BLVD, STE-300 TAMPA, FL 33607 S GRIMM, ALICE 3111 W. MLK JR BLVD, SUITE 30	ECTORS  Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D/S Susa 5350 Clea D/V Mehro 5400 Clea D/P/	Added to Fees DDITIONS/CHA  n Allan Tech Da rwater,  dad Mosh Tech Da rwater,	ta Drive, FL 33760 tagh ta Drive FL 33760	ida Depar	RECTORS IN	tO ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DP FLORSRY, TAMI 3111 W MLK JR BLVD, STE-300 TAMPA, FL 33607 S GRIMM, ALICE 3111 W. MLK JR BLVD, SUITE 30 TAMPA, FL 33607 DVP GOODWIN, BENJAMIN B 5350 TECH DATA DRIVE	Delete  Delete  Delete  Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D/S Susa 5350 Clea D/V Mehro 5400 Clea D/P/	Added to Fees DDITIONS/CHA  n Allan Tech Da rwater,  dad Mosh Tech Da rwater,  T	ta Drive, FL 33760 tagh ta Drive FL 33760	ida Depar	tment of St RECTORS IN Change	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	DP FLORSRY, TAMI 3111 W MLK JR BLVD, STE-300 TAMPA, FL 33607 S GRIMM, ALICE 3111 W. MLK JR BLVD, SUITE 30 TAMPA, FL 33607 DVP GOODWIN, BENJAMIN B 5350 TECH DATA DRIVE CLEARWATER, FL 33760 T COX, LISA 3111 W MLK JR BLVD., SUITE 30	Delete  Delete  Delete  Delete  Delete  Delete  Delete	11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	D/S Susa 5350 Clea D/V Mehro 5400 Clea D/P/	Added to Fees DDITIONS/CHA  n Allan Tech Da rwater,  dad Mosh Tech Da rwater,  T	ta Drive, FL 33760 tagh ta Drive FL 33760	ida Depar	thment of St RECTORS IN Change Change	10

12. I hereby certify that the information supplied with this filling 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.

NAME

STREET ADORESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

Benjania de proprio de despres de proprio de la factoria

/24/07

(727) 538-7895

Daytime Phone #