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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N28249

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BAYTOWN CONDOMINIUM OWNERS ASSOCIATION, INC.

FILED May 20 1998 8:00am Secretary of State

Principal Place of Business Mailing Address				i abbitlibt did iladi jäita jiati diese füja Eidai	Athli Afati Afali Afali Afati Afati 1881
100 DELWOOD BCH RD PANAMA CITY BCH FL 65744 US PO BOX 9368 PANAMA CITY BCH FL 3241 US		2417-9368		3. Date Incorporated or Qualified 09/08/1988 4. FEI Number	Applied For
2. Principal Place of Business	2a. Mailing Address			59-2997465	Not Applicable
21 26 26				5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt. #, etc. Suite, Apt. #, etc.				6. Election Campaign Financing	\$5.00 May Be
27				Trust Fund Contribution	Added to Fees
City & State City & State				7. Is this nonprofit corporation a homeowr	
28 28		T"	U Yes U No		
Žip Country	Zip	Count	ry	8. This corporation owes or has paid the o	
24 25	29	30]		Personal Property Tax due June 30. 10. Name and Address of New Registers	
9. Name and Address of Curren	t Hagistered Agent		1 Name	10. Haine and Address of New Hegister	A Agoin
		Ľ	1 , , , , , ,		
SPANN, W. F.		8	2 Street	Address (P.O. Box Number is Not Acceptable)	
100 DELWOOD BEACH RD., PANAMA CITY BEACH FL 32411		8	3		
PANAMA CITT DEACH PL 32411		Ľ			
		8	4 City	F	85 Zip Code
Pursuant to the provisions of Sections 617.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obligations.	2 and 617.1508, Florida Stati	utes, the abo	ve-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	s authorized Florida Statut	by the corp	poretion's board of directors. I hereby accept the a	ppointment as registered
	110.15 01, 0000001 017.00001	nonau olaloi			
SIGNATURE Signature, typed or printed name of registered age	nt and title if applicable (No	OTE: Registered A	gent signaturé	required when reinstating) DATE	
SIGNATURE Signature, typed or printed name of registered age 12. OFFICERS ANI		OTE: Registered A	igent signature	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
Signature, typed or printed name of registered age		· · · · · · · · · · · · · · · · · · ·		ADDITIONS/CHANGES TO OFFICERS A	
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