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**Mar 04, 1999 8:00 am**
**Secretary of State**
03-04-1999 90162 042 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
**1999**

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

DOCUMENT # N28875

1. Corporation Name
**BAUGHER CONDOMINIUM ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 180 PINELLAS LANE #101<br>COCOA BEACH FL 32931 | 180 PINELLAS LANE #101<br>COCOA BEACH FL 32931 |

2. Principal Place of Business
21 2210 S. Atlantic Ave
22 Suite, Apt. #, etc.
23 City & State: Cocoa Beach FL
24 Zip: 32931 25 Country: USA

2a. Mailing Address
26 2210 S. Atlantic Ave
27 Suite, Apt. #, etc.
28 City & State: Cocoa Beach, FL
29 Zip: 32931 30 Country: USA

3. Date Incorporated or Qualifed: 10/17/1988

4. FEI Number: 59-3075431 ☐ Applied For ☐ Not Applicable

5. Certifcate 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**

GLENN, T S ESQ
653 BREVARD AVE
COCOA FL 32922

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

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PST | ☐ DELETE | 1.1 TITLE | ~~PST~~ | ☐ Change ☐ Addition |
| NAME | KNIGHT, DEBBIE | | 1.2 NAME | | |
| STREET ADDRESS | 442 S ATLANTIC AVE #2 | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | COCOA BEACH FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | D | ☑ Change ☐ Addition |
| NAME | BAUGHER, ROBERT A | | 2.2 NAME | ROBERT A. BAUGHER | |
| STREET ADDRESS | 180 PINELLAS LN, #101 | | 2.3 STREET ADDRESS | 2210 S. Atlantic Ave | |
| CITY-ST-ZIP | COCOA BEACH FL | | 2.4 CITY-ST-ZIP | Cocoa Beach, FL 32931 | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | KNIGHT, DEBBIE | | 3.2 NAME | | |
| STREET ADDRESS | 442 SO ATLANTIC AVE #2 | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | COCOA BCH FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | D | ☑ Change ☐ Addition |
| NAME | CHAMBERLIN, ROBIN | | 4.2 NAME | Robin Chamberlin | |
| STREET ADDRESS | 180 PINELLAS LN, #101 | | 4.3 STREET ADDRESS | 2210 S. Atlantic Ave | |
| CITY-ST-ZIP | COCOA BEACH FL | | 4.4 CITY-ST-ZIP | Cocoa Beach, FL 32931 | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E037 (11/98)

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, with all other like empowered.

**SIGNATURE:** Deborah SIGNATURE REQUIRED 1/9/99 407-784-2318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #