

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1998 8:00am

Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N36003** (4)

1. Corporation Name

BAY AREA UNIT 112 INCORPORATED

Principal Place of Business

Mailing Address

C/O MAE VAN DAELE
172 HIGHLAND ST
VALPARAISO FL 32580
US

C/O MAE VAN DAELE
172 HIGHLAND ST
VALPARAISO FL 32580
US



3. Date Incorporated or Qualified

01/03/1990

4. FEI Number

23-7337063

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VAN DAELE, MAE
172 HIGHLAND STREET
VALPARAISO FL 32580

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME **VD PRIETO, MARGE**
STREET ADDRESS **1114 27TH STREET**
CITY-ST-ZIP **NICEVILLE FL**

TITLE ☐ DELETE
NAME **SD GARCIA, LINDA**
STREET ADDRESS **22 DEAL AVENUE**
CITY-ST-ZIP **FT. WALTON BEACH FL**

TITLE ☒ DELETE
NAME **VD BOUTWELL, MARY**
STREET ADDRESS **1005 27TH ST**
CITY-ST-ZIP **NICEVILLE FL**

TITLE ☐ DELETE
NAME **PD VANDAELE, MAE**
STREET ADDRESS **172 HIGHLAND ST.**
CITY-ST-ZIP **VALPARAISO FL**

TITLE ☐ DELETE
NAME **TD LOMAS, SHIRLEY**
STREET ADDRESS **1500 18TH ST**
CITY-ST-ZIP **NICEVILLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **VD DOVE, JO**
1.3 STREET ADDRESS **407 GLENDALE AVE**
1.4 CITY-ST-ZIP **VALPARAISO FL 32580**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **VD BENTON, LOU**
3.3 STREET ADDRESS **1604 23 STREET**
3.4 CITY-ST-ZIP **NICEVILLE FL 32578**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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.

SIGNATURE: MAE VAN DAELE 

1-26-98

850-678-4738

CR2E037 (10/97)