

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90070 036 ****61.25

DOCUMENT # N37723

1. Entity Name

**BAYONET POINT MEDICAL PLAZA CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**C/O SEABOARD ARBORS
5313 LOCUST PLACE
NEW PORT RICHEY FL 34652
US**

**C/O SEABOARD ARBORS
5313 LOCUST PLACE
NEW PORT RICHEY FL 34652
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3015457

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEIGHTON, LEONARD A
2189 CLEVELAND STREET
STE 225
CLEARWATER FL 33765**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME CONROY, ROBERT
STREET ADDRESS 14000 FIVAY ROAD
CITY-ST-ZIP HUDSON FL 34667

TITLE DV ☒ Delete
NAME MUSUNURU, RAO
STREET ADDRESS 14100 FIVAY ROAD #100
CITY-ST-ZIP HUDSON FL

TITLE DSTD ☒ Delete
NAME DESANTIS, MARSHALL
STREET ADDRESS 14100 FIVAY ROAD, #300
CITY-ST-ZIP HUDSON FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/D ☐ Change ☒ Addition
NAME STEVE RECTOR
STREET ADDRESS 14000 FIVAY RD.
CITY-ST-ZIP HUDSON, FL 34667

TITLE S/I/T/D ☐ Change ☒ Addition
NAME Joe Menard
STREET ADDRESS 14000 Fivay Rd.
CITY-ST-ZIP Hudson, FL 34667

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

[Signature]

4/25/06