


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90048 038 ****61.25

DOCUMENT # N37723			
1. Entity Name BAYONET POINT MEDICAL PLAZA CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O SEABOARD ARBORS 5313 LOCUST PLACE NEW PORT RICHEY FL 34652 US		Mailing Address C/O SEABOARD ARBORS 5313 LOCUST PLACE NEW PORT RICHEY FL 34652 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent LEIGHTON, LEONARD A 2189 CLEVELAND STREET STE 225 CLEARWATER FL 33765		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small> DATE _____			



1st MOORE CR2E037 (10/06)

4. FEI Number **59-3015457** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST / ZIP	PD RECTOR, STEVE 14000 FIVAY RD HUDSON FL 34667 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST / ZIP	P/D DR. CHANG 14100 FIVAY RD #100 HUDSON, FL 34667 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST / ZIP	STD MENARD, JOE 14000 FIVAY RD HUDSON FL 34667 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST / ZIP	VP/D DR. K.S. KUMAR 5802 ST. RD 54 NEW PORT RICHEY, FL 34652 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST / ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST / ZIP	T/D LEIGH MASSENGILL 14000 FIVAY RD HUDSON, FL 34667 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST / ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST / ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST / ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST / ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST / ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST / ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Mei Chang 1/24/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #