


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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
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2. Principal Place of Business - No P.O. Box # C/o Seaboard Arbors Mgmt Suite, Apt. #, etc. 2189 Cleveland St, suite 225 City & State Clearwater, FL Zip 33765 Country USA	3. Mailing Address C/o Seaboard Arbors Mgmt Suite, Apt. #, etc. 2189 Cleveland St, suite 225 City & State Clearwater, FL Zip 33765 Country USA
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FILED
08 SEP 26 AM 10:38
CLERK OF STATE
TALLAHASSEE, FLORIDA



09112008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3015457	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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
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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 reinstating) DATE _____

Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHANG, DR. 14100 FIVAY RD., 100 HUDSON, FL 34667 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700136385597 09/26/08--01043--016 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KUMAR, K.S. DR. 5802 ST. RD. 54 NEW PORT RICHEY, FL 34652 <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	TD MASSENGILL, LEIGH 14100 FIVAY RD HUDSON, FL 34667 <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
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 Chapter 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: Leigh Massengill X 9/15/08 X 727.815.5414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #