

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N37723

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

**Entity Name:** BAYONET POINT MEDICAL PLAZA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O SEABOARD ARBORS MGMT  
2189 CLEVELAND ST., SUITE 225  
CLEARWATER, FL 33765 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O SEABOARD ARBORS MGMT  
2189 CLEVELAND ST., SUITE 225  
CLEARWATER, FL 33765 US

**New Mailing Address:**

**FEI Number:** 59-3015457

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CHANG, DR.  
Address: 14100 FIVAY RD., 100  
City-St-Zip: HUDSON, FL 34667

Title: TD  
Name: MASSENGILL, LEIGH  
Address: 14100 FIVAY RD  
City-St-Zip: HUDSON, FL 34667

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LEIGH MASSINGILL

TD

01/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date