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**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90008 028 \*\*\*\*61.25

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N46921**

1. Corporation Name

**1258 WEST BAY DRIVE OFFICE PARK ASSOCIATION, INC**

Principal Place of Business

1258 WEST BAY DRIVE  
 LARGO FL 34640

Mailing Address

1258 WEST BAY DRIVE  
 LARGO FL 33770  
 US

371053 - 90008 - 28



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**01/16/1992**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

**59-3120497**

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing

**\$5.00** May Be  
 Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KERN, DAVID F**  
**516 LAKEVIEW ROAD**  
**BUILDING 3**  
**CLEARWATER FL 34616**

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 reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE

NAME **PD**  
**HAICKEN, VIVIAN G**  
 STREET ADDRESS **1258 WEST BAY DR., #E**  
 CITY-ST-ZIP **LARGO FL**

1.1 TITLE  Change  Addition

TITLE  DELETE

NAME **VD**  
**HAICKEN, BARRY N**  
 STREET ADDRESS **1258 WEST BAY DR. E.**  
 CITY-ST-ZIP **LARGO FL**

1.2 NAME

TITLE  DELETE

NAME **SD**  
**HAICKEN, JEREMY**  
 STREET ADDRESS **1258 WEST BAY DR. E.**  
 CITY-ST-ZIP **LARGO FL**

1.3 STREET ADDRESS

TITLE  DELETE

NAME **TD**  
**HAICKEN, MATTHEW**  
 STREET ADDRESS **1258 WEST BAY DR. E.**  
 CITY-ST-ZIP **LARGO FL**

1.4 CITY-ST-ZIP

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

2.1 TITLE  Change  Addition

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

2.2 NAME

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

2.3 STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

4-14-99

Date

Daytime Phone #

CR2E037 (11/98)