

FILE NOW: FILING FEE IS \$61.25

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Mar 10 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N51061** (2)

1. Corporation Name

**BAY AREA BRIDAL ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**138 LAKESHORE DR. N.  
PALM HARBOR FL 34684**

**138 LAKESHORE DR. N.  
PALM HARBOR FL 34684**

3. Date Incorporated or Qualified

**09/25/1992**

4. FEI Number

**59-3154314**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NORWOOD, WILLIAM  
138 LAKESHORE DR. N.  
PALM HARBOR FL 34684**

**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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE **D** ☒ DELETE

NAME **WHIFFEN, PAUL**  
STREET ADDRESS **28880 US HWY 19 N.**  
CITY-ST-ZIP **CLEARWATER FL 34621**

TITLE **VP** ☒ DELETE

NAME **MCKAY, MARK**  
STREET ADDRESS **29166 US HWY 19 N.**  
CITY-ST-ZIP **CLEARWATER FL**

TITLE **DS** ☒ DELETE

NAME **SEIGEL, DONNA**  
STREET ADDRESS **6801 114TH AVE. N.**  
CITY-ST-ZIP **LARGO FL**

TITLE **DT** ☒ DELETE

NAME **HOFFMAN, LAURA**  
STREET ADDRESS **3100 BLUE HERON ST.**  
CITY-ST-ZIP **SAFETY HARBOR FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**D**

**MICHAEL ZONES**  
**702 COUNTRY CLUB DRIVE**  
**LARGO FL 33717**

**V.P.**

**068816 McDERMOTT**  
**1417 NEBRASKA AVENUE**  
**PALM HARBOR FL 34683**

**D.S.**

**MARY HOWARD**  
**1655 SHEFFIELD DRIVE**  
**CLEARWATER FL 33764**

**DT**

**DAVID EHART**  
**125 ARCTURUS AVE N.**  
**CLEARWATER FL 33765**

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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.

SIGNATURE:

**MICHAEL ZONES**

**1/28/98 813 584 7111**

CR2E037 (10/97)