


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90066 003 ****61.25

DOCUMENT # N95000002226
 1. Entity Name
BAY AREA REAL ESTATE COUNCIL, INC.



Principal Place of Business
 5908-N HAMPTON OAKS PKWY
 TAMPA, FL 33610 US

Mailing Address
 5908-N HAMPTON OAKS PKWY
 TAMPA, FL 33610 US

50014795



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
9014 BRITANNY WAY

Suite, Apt. #, etc.
9014 BRITANNY WAY

02072005 Chg-NP CR2E037 (10/03)

City & State
TAMPA, FLORIDA

City & State
TAMPA, FLORIDA

4. FEI Number
59-3376488

Applied For
 Not Applicable

Zip
33619

Country
U.S.A.

Zip
33619

Country
U.S.A.

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

6. Name and Address of Current Registered Agent
ZELDIN, FELICE
 5908 N. HAMPTON OAKS PARKWAY
 TAMPA, FL 33610

7. Name and Address of New Registered Agent
 Name **ZELDIN, Felice**
 Street Address (P.O. Box Number is Not Acceptable)
9014 BRITANNY WAY
 City **TAMPA** FL Zip Code **33619**

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 May 1, 2005

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIRRINGTON, MICHAEL 5908 HAMPTON OAKS PKWY TAMPA, FL 33610	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, J. HARRIS 7510 RIDGE RD. PORT RICHEY, FL 34668	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WOOD, BRADLEY 2639 9TH ST. NORTH SAINT PETERSBURG, FL 33704	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GROVE, UTA S ONE PROGRESS PLAZA, SUITE 1210 SAINT PETERSBURG, FL 33701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLSON, WILLIAM 1230 S. MYRTLE AVE, SUITE 105 CLEARWATER, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, DAVID E 7419 US HWY 19 NEW PORT RICHEY, FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIRRINGTON, MICHAEL 9014 BRITANNY WAY TAMPA, FL 33619	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AHRENS, NICHOLA G. 11812 NORTH 56TH ST. TAMPA, FL 33617	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Scribbled out]</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Scribbled out]</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Scribbled out]</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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 officers empowered.

SIGNATURE: *[Signature]* Date: **2/10/05** Daytime Phone #: **813-740-1900**