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FILED

Jan 22 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004761 (1)

1. Corporation Name

HISTORIC BAYVIEW ASSOCIATION, INC.



Principal Place of Business

Mailing Address

606 BAYVIEW AVENUE
CLEARWATER FL 34619606 BAYVIEW AVENUE
CLEARWATER FL 34618-4213

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

3. Date Incorporated or Qualified

09/13/1995

3a. Date of Last Report

08/05/1996

4. FEI Number

59-3391639
APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALVORD, JACK N
606 BAYVIEW AVENUE
CLEARWATER FL 34619 - 4213

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 PD
NAME ALVORD, JACK N
STREET ADDRESS 606 BAYVIEW AVE
CITY-ST-ZIP CLEARWATER FL☐ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 34619-4213☒ Change☐ AdditionTITLE VD
NAME SORENSON, EARLY
STREET ADDRESS 517 BAYVIEW AVE
CITY-ST-ZIP CLEARWATER FL☐ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 34619-4213☒ Change☐ AdditionTITLE TD
NAME MULLINS, TERRY
STREET ADDRESS 603 BAYVIEW AVE
CITY-ST-ZIP CLEARWATER FL☐ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 34619-4213☒ Change☐ AdditionTITLE VD
NAME SORENSON, EARLY
STREET ADDRESS 517 BAYVIEW AVENUE
CITY-ST-ZIP CLEARWATER FL 34619☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 34619-4213☒ Change☐ AdditionTITLE SD
NAME PARKER, PATRICIA
STREET ADDRESS 716 BAYVIEW AVENUE
CITY-ST-ZIP CLEARWATER FL 34619☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP 34619-4213☒ Change☐ AdditionTITLE D
NAME LOGEMANN, JACKLYN
STREET ADDRESS 714 BAYVIEW AVENUE
CITY-ST-ZIP CLEARWATER FL 34619☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP 34619☒ Change☐ Addition

14. I do 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: JACK N. ALVORD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D. PARKER, BRECK
716 BAYVIEW AVENUE
CLEARWATER FL 34619-4213
D. CASTANEDA, JULIE
3021 COUNTY ROAD 31
CLEARWATER, FL 34619
1-9-97 797-4210
(813)

Date

Daytime Phone 0087100

CR2E037 (9/96)