

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000005884

**FILED**  
**Apr 28, 2005**  
**Secretary of State**

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

**Current Principal Place of Business:**

5303 LOCUST PLACE  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

**Current Mailing Address:**

5303 LOCUST PLACE  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

FEI Number: 59-3442168      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LANE, LESTER  
5303 LOCUST PLACE  
NEW PORT RICHEY, FL 34652      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: D      ( ) Delete  
Name: CHANG, MEI  
Address: 5307 MAIN ST., STE. 102  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D      ( ) Delete  
Name: CHANG, SING L  
Address: 5307 MAIN ST., STE. 102  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: DTPS      ( ) Delete  
Name: LANE, LESTER  
Address: 5303 LOCUST PLACE  
City-St-Zip: NEW PORT RICHEY, FL 34652

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LESTER E LANE

T

04/28/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date