FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9700002457

1. Corporation Name

BAY ESTATES NORTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

City & State __ _

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2802 TERRA CEIA BAY BLVD. PALMETTO FL 34221

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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2802 TERRA CEIA BAY BLVD. PALMETTO FL 34221

FILED Mar 11, 1999 8:00 am § Secretary of State

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3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

05/01/1997

65-0759516

4. FEI Number

Zip	Country	L Zip	Cou	ntry			tion Campaign Financing	, ,,		.00 N	
24	25	29	30			Trus	t Fund Contribution		Ad	ded to	Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent							
				81	Name		•				
MCCAPTN	IEY, THOMAS M			82	Stroot Addro	nee /D O E	Box Number is Not Accep	ntable)			
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	O FL 34221			83							
PALMETT	J FL 34221								11		
				84	City			FL	85	Zip Co	ode
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 a	m familiar with, and accept the obligatio	ns of, Section 617.0503,	Florida Statu	ites.							
SIGNATURE		A COLUMN TO A SHOW A COLUMN TO	IOTE: Designation of	A-a	t signature required	ubon min-t-t	inal	DATE			`
12.	Signature, typed or printed name of registered agent a OFFICERS AND		13.	Agen	t signature required		TIONS/CHANGES TO O		D DIRE	CTOF	S IN 12
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	BALLWIN MO 63022-0100		1.4 CF								
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44 11	ATP AND A SECURITION OF THE SE	this filling door not qualif		4.	and addressed to O	antina 410	07(2)(i) Florida Statutes	I further cor	1:6 . that	the in	formation

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 informatic 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 attachmost with an address, with all other like empowered.

SIGNATURE

ATURE PARELY SECTIONS 3-9-99 941-729-8029
ATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Date

Description # Descriptio

-2E037 (11/98)

Applied For

\$8.75: Additional

Fee Required

Not Applicable