SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000002217

Corporation Name

BW3 FACILITIES ASSOCIATION, INC.

Principal	Place of	Business	

Mailing Address

311 PARK PLACE BOULEVARD CLEARWATER FL 33759 311 PARK PLACE BOULEVARD CLEARWATER FL 33759

FILED Sep 01, 1999 8:00 am Secretary of State

09-01-1999 90019 001 *1,540.00

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2.	Principal Place of Business	2a	Mailing Address			Date Incorporated or Qualifed		
21	26				04/17/1998			
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.			Applied For			
22		27				59-3510443 Not Applicable		
City & State			City & State			5. Certificate of Status Desired \$8.75 Additional Fee Required		
23]	Zip Country	28		ountry	y	79 6. Election Campaign Financing \$5.00 May Be		
24	25	29	30			Trust Fund Contribution Added to Fees		
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
				81	1	1 Name		
ZSCHAU, JULIUS J JOHNSON,BLAKELY,POPE,BOKOR,RUPPEL & BURN			82	82 Street Address (P.O. Box Number is Not Acceptable)				
911 CHESTNUT STREET		83	1	3				
		84	1	4 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.

again. Familian with, and accept the obligations of, Section of F. Secti									
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Re	gistered Agent signature n	equired when reinstating) DATE		[
12.	OFFICERS AND DIRECTORS	· ·	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	PD	DELETE	1.1 TITLE	President/Director	🐧 Change	Addition			
NAME	COLLINS, THERESA		1.2 NAME	Sellinger, John A.					
STREET ADDRESS	A CONTRACTOR OF THE CONTRACTOR		1.3 STREET ADDRESS	311 Park Place Boulevard,	Suite 60	o			
CITY-ST-ZIP	CLEARWATER FL 33759		1.4 CITY-ST-ZIP	Clearwater, FL 33759					
TITLE	VPD	☑ DELETE	2.1 TITLE	Vice President/Director	X Change	Addition			
NAME	SELLINGER, JOHN A		2.2 NAME	Miller, Francine					
	311 PARK PLACE BOULEVARD, SUITE 600		2.3 STREET ADDRESS	311 Park Place Boulevard.	Suita 60	ا م			
STREET ADDRESS			2. 4 CITY-ST-ZIP	· · - · · · · ·	Builte 00	ا ا			
CITY-ST-ZIP	CLEARWATER FL 33759	DELETE	3.1 TITLE	Clearwater. FL 33759 Secretary/Treas./Director	Change	Addition			
NAME	STD	*	3.2 NAME		X	_			
	SIKORSKI, FRED J		3.3 STREET ADDRESS	Small, Ed	0.11.	_			
STREET ADDRESS				311 Park Place Boulevard,	Suite 60	U			
CITY-ST-ZIP	CLEARWATER FL 33759	□ DELETE	3.4, CITY-ST-ZIP	Clearwater, FL 33759	☐ Change	☐ Addition			
TITLE		□ beerie			ontaings				
NAME			4.2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS						
CITY-ST-ZIP			4.4 CITY-ST-ZIP		Channa	☐ Addition			
TITLE		DELETE	5.1 TITLE		☐ Change	[] Addition			
NAME			5.2 NAME			i			
STREET ADDRESS			5.3 STREET ADDRESS						
CITY-ST-ZIP		- Fair	5.4 CITY-ST-ZIP						
TITLE		DELETE	6.1 TITLE		☐ Change	☐ Addition			
NAME			6.2 NAME			,			
STREET ADDRESS			6.3 STREET ADDRESS						
CITY-ST-ZIP	•	_	6.4 CITY-ST-ZIP		_				

14. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 trusted 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, of on an attachment with all addless, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/99 727-796-0911