

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

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

09-01-1999 90019 001 \*1,540.00

DOCUMENT # **N98000002239**

1. Corporation Name

**BW5 FACILITIES ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

311 PARK PLACE BLVD  
CLEARWATER FL 33759

311 PARK PLACE BLVD  
CLEARWATER FL 33759



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**04/17/1998**

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

City & State

City & State

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZSCHAU, JULIUS J**  
**JOHNSON BLAKELY POPE BOKOR RUPPEL & BURNS**  
**911 CHESTNUT STREET**  
**CLEARWATER FL 33756**

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 **DP** ☒ DELETE  
NAME **COLLINS, THERESA**  
STREET ADDRESS **311 PARK PLACE BLVD SUITE 600**  
CITY-ST-ZIP **CLEARWATER FL 33759**

1.1 TITLE **President/Director** ☒ Change ☐ Addition  
1.2 NAME **Sellinger, John A.**  
1.3 STREET ADDRESS **311 Park Place Boulevard, Suite 600**  
1.4 CITY-ST-ZIP **Clearwater, FL 33759**

TITLE **DV** ☒ DELETE  
NAME **SELLINGER, JOHN A**  
STREET ADDRESS **311 PARK PLACE BLVD SUITE 600**  
CITY-ST-ZIP **CLEARWATER FL 33759**

2.1 TITLE **Vice President/Director** ☒ Change ☐ Addition  
2.2 NAME **Miller, Francine**  
2.3 STREET ADDRESS **311 Park Place Boulevard, Suite 600**  
2.4 CITY-ST-ZIP **Clearwater, FL 33759**

TITLE **DST** ☒ DELETE  
NAME **SIKORSKI, FRED J**  
STREET ADDRESS **311 PARK PLACE BLVD SUITE 600**  
CITY-ST-ZIP **CLEARWATER FL 33759**

3.1 TITLE **Secretary/Treas./Director** ☒ Change ☐ Addition  
3.2 NAME **Small, Ed**  
3.3 STREET ADDRESS **311 Park Place Boulevard, Suite 600**  
3.4 CITY-ST-ZIP **Clearwater, FL 33759**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

**8/20/99 727-796-0911**

CR2E037 (5/99)