

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000017525**
Corporation Name

BAY INVESTMENTS AT ORMOND HERITAGE, INC.

Principal Place of Business

FLORIDA PARK DRIVE SOUTH
350
COAST FL 32137

Mailing Address

1 FLORIDA PARK DRIVE SOUTH
SUITE 350
PALM COAST FL 32137

Principal Place of Business

21 OLD KINGS ROAD N
Suite, Apt. #, etc.

2a. Mailing Address

26 200 BROADWAY
Suite, Apt. #, etc.
27 #303

City & State

PALM COAST FL

City & State

28 LYNNFIELD MA

Zip Country

32137 25

Zip Country

29 01940 30

9. Name and Address of Current Registered Agent

KATZ, B P
1 FLORIDA PARK DRIVE SOUTH
ATRIUM SUITE
PALM COAST FL 32135

REINSTATEMENT 00-00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1998

4. FEI Number

04-3346951

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.



Yes



No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

I, Pursuant to the provisions of sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-29-2000

OFFICERS AND DIRECTORS

1. PSOT
KAAN, VALERIA
1 FLORIDA PARK DRIVE SOUTH #350
PALM COAST FL 32137

☐ DELETE

2. VD
HARKINS, WILLIAM F
1 FLORIDA PARK DRIVE SOUTH #350
PALM COAST FL 32137

☐ DELETE

3. ☐ DELETE

4. ☐ DELETE

5. ☐ DELETE

6. ☐ DELETE

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Kaan, Valerie

☒ Change ☐ Addition

21 OLD KINGS ROAD N
PALM COAST FL 32137

21 OLD KINGS ROAD N
PALM COAST FL 32137

21 OLD KINGS ROAD N
PALM COAST FL 32137

3000003220883-4

04/24/00-01119-014

*****900.00 *****900.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

KE

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Valerie Kaan

3-22-2000 (904) 446-8100