

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000005884

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

**FILED**  
**Mar 07, 2022**  
**Secretary of State**  
**5966684696CC**

**Current Principal Place of Business:**

5303 LOCUST PLACE  
NEW PORT RICHEY, FL 34652

**Current Mailing Address:**

5303 LOCUST PLACE  
NEW PORT RICHEY, FL 34652

**FEI Number: 59-3442168**

**Certificate of Status Desired: No**

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

LANE, LESTER  
5303 LOCUST PLACE  
NEW PORT RICHEY, FL 34652 US

*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

**Officer/Director Detail :**

Title D  
Name CHANG, MEI  
Address 5307 MAIN ST., STE. 102  
City-State-Zip: NEW PORT RICHEY FL 34652

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

Title DTPS  
Name LANE, LESTER E  
Address 5303 LOCUST PLACE  
City-State-Zip: NEW PORT RICHEY FL 34652

*I hereby 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 all other like empowered.*

SIGNATURE: LESTER E LANE

TREASURER

03/07/2022

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date