

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jul 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 316162
 1. Corporation Name
BAY MARINA INC.

Principal Place of Business Mailing Address
854 River Pt. Drive
Naples, FL 33942

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/26/67	3a. Date of Last Report 01/17/97
21. Suite, Apt #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number 59-1161357	Applied For <input type="checkbox"/> Not Applicable
25. Suite, Apt #, etc.	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29. Suite, Apt #, etc.	30. City & State	31. Zip	32. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent
 Keltner, J. Green
 15048 Tamarind Cay Court
 Unit #6
 Fort Myers, FL 33908

10. Name and Address of New Registered Agent
 81. Name
Keltner, Elaine D.
 82. Street Address (P.O. Box Number is Not Acceptable)
15048 Tamarind Cay Cove
 83. Unit #606
 84. City
Fort Myers **FL** 85. Zip Code
33908

11. 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 *Elaine D. Keltner* **Elaine D. Keltner** **July 2, 1997**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	Keltner, J. Green
STREET ADDRESS	4253 Bay Beach Lane
CITY - ST - ZIP	Ft. Myers Beach, FL
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	Keltner Jr., T.B.
STREET ADDRESS	854 River Point Drive
CITY - ST - ZIP	Naples, FL
TITLE	D <input type="checkbox"/> DELETE
NAME	Keltner, Elaine D.
STREET ADDRESS	4253 Bay Beach Lane
CITY - ST - ZIP	Ft. Myers Beach, FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	700002236757
2.3 STREET ADDRESS	-07/14/97--01005--014
2.4 CITY - ST - ZIP	***61.25
3.1 TITLE	D/P/T/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	15048 Tamarind Cay Court, #606
3.3 STREET ADDRESS	Fort Myers, FL 33908
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Keltner, Phillip
4.3 STREET ADDRESS	1500 Misty Pines Circle, Apt. 205
4.4 CITY - ST - ZIP	Naples, FL 34105
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Keltner Jr., Jacob G.
5.3 STREET ADDRESS	14884 Crescent Cove
5.4 CITY - ST - ZIP	Fort Myers, FL 33908
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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: *Elaine D. Keltner* **Elaine D. Keltner** **President** **July 2, 1997** **(941) 481-6750**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)

07/11