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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 17 PM 4:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **706641** (8)  
1. Corporation Name  
**BAILEY'S BLUFF CMC ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**2110 GULFVIEW DR (HOLIDAY 34691)** **2110 GULFVIEW DR (HOLIDAY 34691)**  
**P O BOX 103** **P O BOX 103**  
**TARPON SPRINGS FL 34688** **TARPON SPRINGS FL 34688**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified **01/02/1964** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-1776288** Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**STEVENS, JAMES M**  
**101 FEDERAL PLACE**  
**TARPON SPRINGS FL 34689**

10. Name and Address of New Registered Agent  
81 Name **Stevens, James M.**  
82 Street Address (P.O. Box Number is Not Acceptable) **35 W. Leman St.**  
83  
84 City **Tarpon Springs** FL 85 Zip Code **34689**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	NAME <b>SCANELL, ANN</b> STREET ADDRESS <b>1928 GULFVIEW DR.</b> CITY - ST - ZIP <b>HOLIDAY FL 34691</b>	11 TITLE <b>P</b>	NAME <b>SCHNELL, ANN</b> 12 NAME <b>SCHNELL, ANN</b> 13 STREET ADDRESS <b>1928 GULFVIEW DR.</b> 14 CITY - ST - ZIP <b>HOLIDAY, FL. 34691</b>
TITLE <b>D</b>	NAME <b>DWYER, JIM</b> STREET ADDRESS <b>2038 GULFVIEW DR.</b> CITY - ST - ZIP <b>HOLIDAY FL 34691</b>	21 TITLE <b>D</b>	NAME <b>DWYER, JIM</b> 22 NAME <b>DWYER, JIM</b> 23 STREET ADDRESS <b>2038 GULFVIEW DR.</b> 24 CITY - ST - ZIP <b>HOLIDAY FL 34691</b>
TITLE <b>S</b>	NAME <b>MORTON, DOT</b> STREET ADDRESS <b>3009 PINEVIEW DR</b> CITY - ST - ZIP <b>HOLIDAY FL 34691</b>	31 TITLE <b>S</b>	NAME <b>CHARLENE MAGEE</b> 32 NAME <b>CHARLENE MAGEE</b> 33 STREET ADDRESS <b>3210 BLUFF BLVD.</b> 34 CITY - ST - ZIP <b>HOLIDAY, FL. 34691</b>
TITLE <b>T</b>	NAME <b>CRANE, CLARA</b> STREET ADDRESS <b>3120 BLUFF BLVD.</b> CITY - ST - ZIP <b>HOLIDAY FL 34691</b>	41 TITLE <b>T</b>	NAME <b>BARBARA GARDINER</b> 42 NAME <b>BARBARA GARDINER</b> 43 STREET ADDRESS <b>3200 BLUFF BLVD</b> 44 CITY - ST - ZIP <b>HOLIDAY, FL. 34691</b>
TITLE <b>D</b>	NAME <b>MAGEE, CARL</b> STREET ADDRESS <b>3210 BLUFF BLVD.</b> CITY - ST - ZIP <b>HOLIDAY FL 34691</b>	51 TITLE <b>D</b>	NAME <b>MAGEE, CARL</b> 52 NAME <b>MAGEE, CARL</b> 53 STREET ADDRESS <b>3210 BLUFF BLVD.</b> 54 CITY - ST - ZIP <b>HOLIDAY FL 34691</b>
TITLE <b>D</b>	NAME <b>CRANE, CHUCK</b> STREET ADDRESS <b>3120 BLUFF BLVD.</b> CITY - ST - ZIP <b>HOLIDAY FL 34691</b>	61 TITLE <b>D</b>	NAME <b>CRANE, CHUCK</b> 62 NAME <b>CRANE, CHUCK</b> 63 STREET ADDRESS <b>3120 BLUFF BLVD.</b> 64 CITY - ST - ZIP <b>HOLIDAY FL 34691</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Ann Schnell 4-11-95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Month/Year  
**Ann Schnell - President**