## FILE NOW: FILING FEE IS \$61.25 >

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 706641

(8)

BAILEY'S BLUFF CIVIC ASSOCIATION, INC.					 			
Principal Place of Business Mailing Address						J Migi Ofbil Bibli Gigil U	1 <b>0</b> 11 01014 01011 (801	
P O BOX 10	iew dr (Holiday 34691) 13 Rings Fl 34688	2110 GULFVIEW DR (HOLI P O BOX 103 TARPON SPRINGS FL 346		•				
		AND ON OFFINADO 12 ORGAN			<ol> <li>Date Incorporated or Qualified 01/02/1964</li> </ol>			
2. Principal Place of Business		2a. Mailing Address			4. FEI Number		Applied For	
21		26		59-1776288	Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be			
Zip Country		Zip Country		Trust Fund Contribution	7.64C0 to 1.60S			
24	<b>25</b>	}1 · L	30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  1. Yes 2. No.		
<u></u> ,	9. Name and Address of Curre	ent Registered Agent	301		10. Name and Address of New F			
			81	Name		ogratoreo Agont	<del></del>	
STEVEN	IS,JAMES M		82	Stroot	Address (P.O. Box Number is Not Acceptab			
	EMON ST		62	Sireer /	Acceptar	10)		
TARPON	N SPRINGS FL 34689		83				<del></del>	
			84	City		FL 85	Zip Code	
11. Pursuant or registe	to the provisions of Sections 617,050 red agent, or both, in the State of Flo	02 and 617.1508, Florida Statutes,	the above-	L named co oration's	propration submits this statement for the pur board of directors. I hereby accept the app	pose of changing it	s registered office	
familiar w SIGNATURE	ith, and accept the obligations of, Se	ction 617,0503, Florida Statutes.	, co.,p	0.0007.0	and or an octors. Thoropy accopt the app	Mitthelit as register	ed agent. Fam	
	Signature, typed or printed name of registered age		Registered Ager	nt signature re	equired when reinstating)	DATE		
12.			13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIREC	TORS IN 12	
TITLE	SCHNELL, ANN		1.1 TITLE			Change	e [] Addition	
NAME STREET ADDRESS	1928 GULFVIEW DR.		1.2 NAME					
CITY-ST-ZIP	HOLIDAY FL		1.3 STREET					
TITLE	<u> </u>		1.4 CITY - S 2.1 TITLE	IT-ZIP			- Danie	
NAME	DIAVED HA		2.1 TITLE			Change	e 🔲 Addition	
STREET ADDRESS	2038 GULFVIEW DR.	2.3 STREET ADDRESS						
CITY-ST-ZIP	HOLIDAY FL 34691		2. 4 CITY - ST - ZIP					
TITLE	S DELETE 3.1		3.1 TITLE		Sondra Smith 3338 Pheoleus Hodiday FL 3	Change	e Addition	
NAME			3.2 NAME		22 2 ~ OMILIN	DC		
STREET ADDRESS	3210 BLUFF BLVD		3 3 STREET ADDRESS		2228 HUEDIEN	S 01		
CITY-ST-ZIP	HOUDAY FL		3.4. C/TY - S	ST-ZIP	Horlday FL 3	4691		
TITLE	GADDINED PADDADA	I DELETE 4.1  GARDINER, BARBARA 4.2			•	Change	e 🔲 Addition	
NAME STREET ADDRESS	9000 BLUCC BLVD		4. 2 NAME					
CITY-ST-ZIP	HOLIDAY FL		4.3 STREET ADDRESS					
TITLE	D DELETE		4.4 CITY - ST - ZIP 5.1 TITLE					
NAME	MAGEE, CARL					☐ Change	e	
STREET ADDRESS	2010 DILIEE DIVID		5.3 STREET	ADDRESS				
CITY-ST-ZIP	HOLIDAY EL SAROA		5.4 CITY-S	4				
TITLE	D	DELETE	61 TITLE			☐ Change	e 🔲 Addition	
NAME	CRANE, CHUCK		6.2 NAME			_ *	<del></del>	
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP	HOLIDAY FL 34691		6.4 CITY - S	T-ZiP				
oath; that	am an officer or director of the com	noal report of supplemental annual ( Noration or the receiver or trustee en	report is tru		ify for the exemption stated in Section 119. curate and that my signature shall have the a this report as required by Chapter 617, Fig			
appears in	Block 12 or Block 13 if changed, or	on an attachment with an address.	•		, and a supplemental of the supplemental of th		. Assembly marries	

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4-9-96 Date

Daytimo Phone #

CR2E037 (12/

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