

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 723420 (6)**

1. Corporation Name  
**BAY ISLAND CONDOMINIUM, INC.**



Principal Place of Business <b>311 ISLAND WAY BAY ISLAND CONDO. INC CLEARWATER FL 34630-2127</b>	Mailing Address <b>311 ISLAND WAY BAY ISLAND CONDO. INC CLEARWATER FL 34630-2172</b>
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<b>21</b> 2. Principal Place of Business Suite, Apt. #, etc.	<b>26</b> 2a. Mailing Address Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip Country	<b>28</b> Zip Country
<b>24</b> Zip Country	<b>29</b> Zip Country

<b>3.</b> Date Incorporated or Qualified <b>05/16/1972</b>	<b>3a.</b> Date of Last Report <b>03/05/1996</b>
<b>4.</b> FEI Number <b>59-6215906</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**FRY, DOUGLAS**  
**311 ISLAND WAY APT 202**  
**CLEARWATER FL 34630**

**CUSTOM COMMUNITY MGMT**  
**FRANK M. RANDAZZO**  
**2331 BELLAIR RD. STE D**  
**CLEARWATER, FL 34624**

**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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DELUCA, ROBERT</b>	
STREET ADDRESS	<b>720 S 600TH</b>	
CITY-ST-ZIP	<b>WILMINGTON FL</b>	
TITLE	<b>DR</b>	<input type="checkbox"/> DELETE
NAME	<b>FRY, MICHAEL</b>	
STREET ADDRESS	<b>311 ISLAND WAY</b>	
CITY-ST-ZIP	<b>CLEARWATER, FL 00000 34630</b>	
TITLE	<b>DR</b>	<input type="checkbox"/> DELETE
NAME	<b>FRY, DOUGLAS</b>	
STREET ADDRESS	<b>311 ISLAND WAY</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 34630</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MORRIS, RAY</b>	
STREET ADDRESS	<b>311 ISLAND WAY</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 34630</b>	
TITLE	<b>DR</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KNOBLOCK, WALTER</b>	
STREET ADDRESS	<b>311 ISLAND WAY</b>	
CITY-ST-ZIP	<b>CLEARWATER, FL 00000</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>EDMUNDS, CAROL</b>	
STREET ADDRESS	<b>311 ISLAND WAY</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 34630</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1</b> TITLE	<b>PRES.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>1.2</b> NAME	<b>GILBERT KNOBLOCK</b>	
<b>1.3</b> STREET ADDRESS	<b>311 ISLAND WAY #203</b>	
<b>1.4</b> CITY-ST-ZIP	<b>CLEARWATER, FL. 34630</b>	
<b>2.1</b> TITLE	<b>V.P.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2</b> NAME		
<b>2.3</b> STREET ADDRESS		
<b>2.4</b> CITY-ST-ZIP		
<b>3.1</b> TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2</b> NAME		
<b>3.3</b> STREET ADDRESS		
<b>3.4</b> CITY-ST-ZIP		
<b>4.1</b> TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2</b> NAME		
<b>4.3</b> STREET ADDRESS		
<b>4.4</b> CITY-ST-ZIP		
<b>5.1</b> TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2</b> NAME		
<b>5.3</b> STREET ADDRESS		
<b>5.4</b> CITY-ST-ZIP		
<b>6.1</b> TITLE	<b>Secy/Treas.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2</b> NAME		
<b>6.3</b> STREET ADDRESS		
<b>6.4</b> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]*

CR2E037 (9/96)