FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

BAY ISLAND CONDOMINIUM, INC.

FILED Apr 01 1998 8:00am Secretary of State

813-538

2121

Principal Place of Business		Mailing Address			_	I TOBERT INDIO TIDOU DIALI DINTO PARTA I	YON BIBLI E	I BAL BIRDE A		U 61E U	
311 ISLAND WAY BAY ISLAND CONDO. INC CLEARWATER FL 34630-2127		311 ISLAND WAY BAY ISLAND CONDO, INC CLEARWATER FL 34630-2127			L	Date Incorporated or Qualified 05/16/1972					
	•					•	59-6215906		F	-	oplied For of Applicable
	Place of Business	2a. Mailing Address				-	· · · · · · · · · · · · · · · · · · ·		<u> </u>		Additional
21		26			5.	i. Certificate of Status Desired				Roomona) equired	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6.	. Election Campaign Financing				May Be	
22 City & Stat	to .	City & State			_	Trust Fund Contribution		Add	ded to	Fees	
23 City & Sta	le	28			7.	'. Is this nonprofit corporation a ho	_	ers assoc	ciatio	n?	
[Zip	Country	Zip Country			┤ ,	. This corporation owes or has pa			er lot	angible	
24	25	25 29 30		ภ			Personal Property Tax due June		Yes		No
	9. Name and Address of Curre	nt Registered Agent				10	, Name and Address of New Re	gletered	Agent		
				81	Name						
CUSTOM COMMUNITY MGMT				82 Street Add			P.O. Box Number is Not Acceptab	ole)			
	M RANDAZZO ELLAIR RD., STE. D			83							
	NATER FL 34624		ļ								
				84	City			Fi	85	Zip (Code
11. Pursuant	to the provisions of Sections 617.05 registered agent, or both, in the State am familiar with, and accept the oblig	02 and 617.1508, Florida Statute	s, the ab	DOVE-	named cor	poration	on submits this statement for the p			jing it	s registered
agent. I a	am familiar with, and accept the oblig	ations of, Section 617.0503, Flo	utnorizet rida Stat	a by t utes.	ne corpora	ation's	board of directors. I hereby accep	of the app	pointmei	nt as	registered
SIGNATURE											
12.	Signature, typed or printed name of registered ag OFFICERS AN	pent and little if applicable. (NOTE ND DIRECTORS	Registered	1 Agent	eignature requ		on reinstating) ADDITIONS/CHANGES TO OFFICE	DATE NEDC AND	D DIDEC	OTOE	O IN 40
TITLE	P	DELETE	1.1 10	TLE			ADDITIONS/CHANGES TO OFFIC	EUS VIAI	Cha		Addition
NAME	KNOBLOCK, GILBERT		1.2 NA	ME							
STREET ADDRESS	311 ISLAND WAY, #203		1.3 ST	REET AL	DORESS						
CITY-ST-ZIP	CLEARWATER FL			TY-ST-	ZIP						
TITLE	VP	☐ DELETE	2.1 TIT						☐ Cha	ange	☐ Addition
NAME STREET ADDRESS	FRY, MICHAEL 311 ISLAND WAY		2.2 NA				1				
CITY-ST-ZIP	CLEARWATER, FL 00000			REET AL ITY-ST-							
TITLE	D	DELETE	3.1 717		ZIF				☐ Cha	ange	Addition
NAME	FRY, DOUGLAS		3.2 NA	ME						-	
STREET ADDRESS	311 ISLAND WAY		3.3 ST	REET AC	DAESS						
CITY-ST-ZIP	CLEARWATER FL	····	3.4. CI	TY-ST-	ZIR						
TITLE	D	DELETE	4.1 TiT	LE					☐ Cha	nge	☐ Addition
NAME	MORRIS, RAY		4. 2 NJ								
STREET ADDRESS	311 ISLAND WAY CLEARWATER FL			REET AC							
CITY-ST-ZIP TITLE	ST ST	DELETE	4.4 CIT 5.1 TIT	Y-\$1-; F	ZIP				☐ Cha	ange	Addition
NAME	EDMUNDS, CAROL	C Secret							ال ب	u Q e	☐ AUUIUUII
STREET ADDRESS	311 ISLAND WAY		5.2 NAME 5.3 STREET A		INRESS						
CITY-ST-ZIP	CLEARWATER FL		5.3 STREET 5.4 CITY - S								
TITLE		☐ DELETE	6.1 TIT			• • •			Cha	inge	☐ Addition
NAME			6.2 NA	ME						-	
STREET ADDRESS			6.3 ST	REET AD	DRESS						

14. I 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.