


FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90039 024 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 723420
 1. Corporation Name
BAY ISLAND CONDOMINIUM, INC.

Principal Place of Business 311 ISLAND WAY BAY ISLAND CONDO. INC CLEARWATER FL 34630-2127	Mailing Address 311 ISLAND WAY #104 BAY ISLAND CONDO. INC CLEARWATER FL 34630-2127
--	--



2. Principal Place of Business 2189 CLEVELAND STREET SUITE 225 CLEARWATER, FL 33765	2a. Mailing Address 2189 CLEVELAND STREET SUITE 225 CLEARWATER, FL 33765	3. Date Incorporated or Qualified 05/16/1972
		4. FEI Number 59-6215906
		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		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 LENNARD A. LEIGHTON 2189 CLEVELAND STREET SUITE 225 CLEARWATER, FL 33765	10. Name and Address of New Registered Agent LENNARD A. LEIGHTON 2189 CLEVELAND STREET SUITE 225 CLEARWATER, FL 33765
---	--

11. Pursuant to the provisions of Sections 617.0502 and 617.1598, 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]* **4/20/99** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KNOBLOCK, GILBERT		1.2 NAME	
STREET ADDRESS 311 ISLAND WAY, #203		1.3 STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL		1.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRY, MICHAEL		2.2 NAME	
STREET ADDRESS 311 ISLAND WAY		2.3 STREET ADDRESS	
CITY-ST-ZIP CLEARWATER, FL 00000		2.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRY, DOUGLAS		3.2 NAME	
STREET ADDRESS 311 ISLAND WAY		3.3 STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL		3.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORRIS, RAY		4.2 NAME	
STREET ADDRESS 311 ISLAND WAY		4.3 STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL		4.4 CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> DELETE	5.1 TITLE ST/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EDMUNDS, CAROL		5.2 NAME	
STREET ADDRESS 311 ISLAND WAY		5.3 STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 with all other like empowered.

SIGNATURE: *[Signature]* **4/17/99** DATE **813-972-6387** DAYTIME PHONE #

CR2E037 (11/98)