

FILE NOW: FILING FEE IS \$61.25

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Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **735668** (6)

1. Corporation Name

BAY ISLES ASSOCIATION, INC.



Principal Place of Business C/O JMC & PROPERTY MANAGEMENT 3174 GULF OF MEXICO DR. LONGBOAT KEY FL 34228	Mailing Address C/O JMC & PROPERTY MANAGEMENT 3174 GULF OF MEXICO DR. LONGBOAT KEY FL 34228
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3. Date Incorporated or Qualified 04/26/1976	
4. FEI Number 59-1695122	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent CALLANS, BETH C/O JMC & PROPERTY MANAGEMENT 3174 GULF OF MEXICO DR. LONGBOAT KEY FL 34228

10. Name and Address of New Registered Agent 81 Name LISTON, DAVID 82 Street Address (P.O. Box Number is Not Acceptable) 90 JMC PROPERTY MANAGEMENT 83 3174 GULF OF MEXICO DR 84 City LONGBOAT KEY FL 85 Zip Code 34228

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 **DAVID L. LISTON** *David L. Liston* DATE **3/5/98**

12. OFFICERS AND DIRECTORS	
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	MATHIS, JERRY
STREET ADDRESS	617 WESTON POINT COURT
CITY-ST-ZIP	LONGBOAT KEY FL 34228
TITLE	TD <input type="checkbox"/> DELETE
NAME	GOLDBERG, MURRAY
STREET ADDRESS	3502 MISTLETOE LANE
CITY-ST-ZIP	LONGBOAT KEY FL 34228
TITLE	PD <input type="checkbox"/> DELETE
NAME	DORF, JULIAN
STREET ADDRESS	2195 HARBOURSIDE DRIVE
CITY-ST-ZIP	LONGBOAT KEY FL 34228
TITLE	VPD <input type="checkbox"/> DELETE
NAME	SERWATKA, WALTER
STREET ADDRESS	3555 MISTLETOE LANE
CITY-ST-ZIP	LONGBOAT KEY FL 34228
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RICHARD WEBER
1.3 STREET ADDRESS	2016 HARBOURSIDE DRIVE
1.4 CITY-ST-ZIP	LONGBOAT KEY FL
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *W. D. ...* **JULIAN A DORF** **3/15/98** **383-2486**

CR2E037 (10/97)