

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 735668 (6)**  
1. Corporation Name  
**BAY ISLES ASSOCIATION, INC.**



Principal Place of Business <b>C/O JMC &amp; PROPERTY MANAGEMENT 3174 GULF OF MEXICO DR. LONGBOAT KEY FL 34228</b>	Mailing Address <b>C/O JMC &amp; PROPERTY MANAGEMENT 3174 GULF OF MEXICO DR. LONGBOAT KEY FL 34228</b>
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3. Date Incorporated or Qualified  
**04/26/1976**

4. FEI Number  
**59-1695122**

Applied For	
Not Applicable	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  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 <b>LISTON, DAVID</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>90 JMC PROPERTY MANAGEMENT</b>
83 <b>3174 GULF OF MEXICO DR</b>
84 City <b>LONGBOAT KEY FL</b>
85 Zip Code <b>34228</b>

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**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MATHIS, JERRY</b>	
STREET ADDRESS	<b>617 WESTON POINT COURT</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL 34228</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>GOLDBERG, MURRAY</b>	
STREET ADDRESS	<b>3502 MISTLETOE LANE</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL 34228</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>DORF, JULIAN</b>	
STREET ADDRESS	<b>2195 HARBOURSIDE DRIVE</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL 34228</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>SERWATKA, WALTER</b>	
STREET ADDRESS	<b>3555 MISTLETOE LANE</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL 34228</b>	
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	<b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>RICHARD WEBER</b>	
1.3 STREET ADDRESS	<b>2016 HARBOURSIDE DRIVE</b>	
1.4 CITY-ST-ZIP	<b>LONGBOAT KEY FL</b>	
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)