

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90129 045 \*\*\*\*61.25

**DOCUMENT # 735668**

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**04/26/1976**

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

City & State

City & State

**59-1695122**

Not Applicable

23

28

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

24

25

29

30

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LISTON, DAVID**  
C/O JMC & PROPERTY MANAGEMENT  
3174 GULF OF MEXICO DR.  
LONGBOAT KEY FL 34228

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **S** ☐ DELETE  
NAME **WEBER, RICHARD**  
STREET ADDRESS **2016 HARBOURSIDE DR**  
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE **TD** ☐ DELETE  
NAME **GOLDBERG, MURRAY**  
STREET ADDRESS **3502 MISTLETOE LANE**  
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE **PD** ☒ DELETE  
NAME **DORF, JULIAN**  
STREET ADDRESS **2195 HARBOURSIDE DRIVE**  
CITY-ST-ZIP **LONGBOAT KEY FL 34229**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Addition

TITLE **VPD** ☒ DELETE  
NAME **SERWATKA, WALTER**  
STREET ADDRESS **3555 MISTLETOE LANE**  
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 in an attachment with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

**BAY****Bay Isles Association, Inc.**

Page : 1

Manager RAJ

*Local Address*

Date Printed:

3/19/99

Code

P/D

735668

Mr. Murray Goldberg  
3502 Mistletoe Lane  
Longboat Key, FL 34228

735668  
532277-90129-45

V/D

Mr. George Spoll  
1900 Harbourside Drive  
Longboat Key, FL 34228

12

S/D

Mr. Henry Medvin  
3455 Winding Oaks Drive  
Longboat Key, FL 34228

25

T/D

Mr. Bryan Langton  
3632 Fair Oaks Place  
Longboat Key, FL 34228

30

D

Mr. Richard Weber  
2120 Harbourside Dr. #618  
Longboat Key, FL 34228

40

D

Ms. Joyce Hale  
1590 Harbor Cay  
Longboat Key, FL 34228

40

D

Mr. Richard Hannibal  
3070 Grand Bay Blvd. #631  
Longboat Key, FL 34228

40

D

Mr. Ron Jecha  
3030 Grand Bay Blvd.  
Unit #356  
Longboat Key, FL 34228

40

D

Mr. Bill Vernon  
3260 Bayou Sound  
Longboat Key, FL 34228

40