
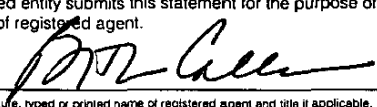
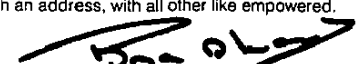


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90227 039 ****61.25

| | | | | | |
|---|--|--|--|---|--|
| DOCUMENT # 735668 1. Entity Name BAY ISLES ASSOCIATION, INC. | | | |  | |
| Principal Place of Business BETH CALLANS MGMT CORP. 595 BAY ISLES RD SUITE #201 LONGBOAT KEY, FL 34228 | | | Mailing Address BETH CALLANS MGMT CORP. 595 BAY ISLES RD SUITE #201 LONGBOAT KEY, FL 34228 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 4. FEI Number 59-1695122 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div> | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent LISTON, DAVID 6 MITCHELL LISON BETH CALLANS MGMT CORP 595 BAY ISLES RD SUITE 201 LONGBOAT KEY, FL 34228 | | | 7. Name and Address of New Registered Agent Name Beth Callans Management Corp. Street Address (P.O. Box Number is Not Acceptable) 595 Bay Isles Rd, Suite 201 City Longboat Key, FL Zip Code 34228 | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 4.11.05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JURGENS, RON 1560 HARBOR SOUND DR LONGBOAT KEY, FL 34228 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P weber, Richard 2120 Harbourside Dr. #618 Longboat Key, FL 34228 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GOLDBERG, MURRAY 3502 MISTLETOE LANE LONGBOAT KEY, FL 34228 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Bloch, Jack 3330 Sabal Cove Lane Longboat Key, FL 34228 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MEDVIN, HENRY 3455 WINDING OAKS DR LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Coyne, Robert 3070 Grand Bay Blvd. #635 Longboat Key, FL 34228 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD LANGTON, BRYAN 3632 FAIR OAKS PL LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Flatow, David 3030 Grand Bay Blvd. #351 Longboat Key, FL 34228 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD SPOLL, GEORGE 1900 HARBOURSIDE DR LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Katz, Irwin 3406 Winding Oaks Dr. Longboat Key, FL 34228 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LEVINE, WILLIAM 604 WESTON POINTE CT. LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date 4.18.05 Daytime Phone # 941-387-3443 | | |