FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUI	MENT # /3000) (4)			
1. Corporation Name					
BAY ISLES HARBOR ASSOCIATION, INC.				C 40 M () C 10 M M M M M M M M M M M M M M M M M M	ann nini dhai bina bina bina dani diba
Principal Place	of Business	Mailing Address			0 1055 03015 01011 01016 01017 01015 01011 1001
2262 GULF G	SATE DRIVE	2262 GULF GATE DRIV	F		
SARASOTA F		SARASOTA FL 34231			
				Date Incorporated or Qualified	3a. Date of Last Report
				04/26/1976	03/09/1995
Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1685117	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
		27			Fee Required
City & State	3	City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25	29	30		Yes No
	9. Name and Address of Curren	it Registered Agent		10. Name and Address of New R	legistered Agent
Bi Name					
ROBBINS, MARK D.				Joyce Hale ot Address (P.O. Box Number is Not Acceptable) 1590 Harbor Cay Lane	
561 HARBOR POINT ROAD				1590 Harbor Cay La	ne
LONGBOAT KEY FL 34228				Longboat Key, FL	34228
			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					
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.					
	in, and accept the obligations of, Section	ion 617.0000, Florida Gialdies			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NC	TE: Registered Agent a gnature re		DATE
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFF	
TITLE	PD ROBBINS, MARK	DEFELE	1 1 TITLE	PD	Change Addition
NAME	SOL HADDOD TOWN DOAD		1.2 NAME	Hale, Joyce, President	
STREET ADDRESS CITY-ST-ZIP	LONGBOAT KEY, FL 00000		1.3 STREET ADDRESS	1590 Harbor Cay L Longboat Key, FL	ane
TITLE	TD	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	bongooat key, ru	34220 Addition
NAME	GRANT, LAWRENCE		2.2 NAME		_
STREET ADDRESS	1490 HARBOR SOUND DRIVE	•	2.3 STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY, FL 00000		2 4 CHTY-ST-ZIP		
TITLE	VPD	DELETE	3.1 TITLE	D	Change Addition
NAME	DROHLICH, ROBERT		3.2 NAME	Weaver, John, Dir	
STREET ADDRESS	1400 HARBOR SOUND DR LONGBOAT KEY, FL 00000		3.3 STREET ADDRESS	1450 Harbor Sound	
CITY-ST-ZIP	TD	DELETE	34. CITY-ST-ZIP	Longboat Key, FL	34228 ☐ Change ☐ Addition
TITLE NAME	JARET, RALPH		4 1 TITLE 4 2 NAME		Cuange (T. Modillot)
NAME STREET ADDRESS	1600 HARBOR SOUND DRIVE		4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY, FL 00000	.	4.4 CITY-ST-ZIP		
TITLE	SD	DELETE	51 THLE		☐ Change ☐ Addition
NAME	HALE, JOYCE		52 NAME		-
STREET ADDRESS	1590 HARBOR CAY LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY FL		5.4 CITY-ST-ZIP	<u></u>	
TITLE	\$D	DELETE	61 TITLE	;	Change Addition
NAME	ALBIEZ, ROBERT		6 2 NAME		
STREET ADDRESS	520 HARBOR COVE CIRCLE LONGBOAT KEY FL		63 STREET ADDRESS		
CITY-ST-ZIP		with this filing is valuatorily from	64 CITY-ST-ZIP	lify for the exemption stated in Section 119.	07/3)(b) Florida Statiston I further
se. Luo neren	y certify triat the information supplied t	word as ming is voluntarily luff	nariou ario dos riot qua	my nor the exemption stated in Section 119.	or loging, i torida statutes. I juriner

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 ecuiver 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: