FILE NOW: FILING FEE AFTER MAY 1 IS $150.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 19 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 748636 (8)

1. Corporation Name
BAY YACHT CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
740 SOUTH FEDERAL HIGHWAY POMPANO BEACH FL 33062	740 SOUTH FEDERAL HIGHWAY POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/23/1979
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2213357 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

KAYE & ROGER, PA
C/O ROBERT KAYE, PRESIDENT
1500 W CYYPRESS CREEK RD, STE 207
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name: Susan E. Clifton
82 Street Address (P.O. Box Number is Not Acceptable): 740 S. Federal Hwy #306
83
84 City: Pompano Beach FL 85 Zip Code: 33062

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Susan E. Clifton Secretary — April 13, 1995
Signature and 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	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	ARD, A.J. M.D.	1.2 NAME	Michael Miscio	
STREET ADDRESS	740 S FEDERAL HWY	1.3 STREET ADDRESS	740 South Federal Hwy #304	
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP	Pompano Beach, FL 33062	
TITLE	T	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	BARNETT, STANLEY R.	2.2 NAME	David Mason	
STREET ADDRESS	740 S FEDERAL HWY	2.3 STREET ADDRESS	740 South Federal Hwy #316	
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP	Pompano Beach, FL 33062	
TITLE	VD	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	FRANKLYN, JAMES	3.2 NAME	Charlotte Boyd	
STREET ADDRESS	740 S FEDERAL HWY	3.3 STREET ADDRESS	740 South Federal Hwy #615	
CITY-ST-ZIP	POMPANO, FL 00000	3.4 CITY-ST-ZIP	Pompano Beach, FL 33062	
TITLE	S	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	STULTS, TAMELA	4.2 NAME	Robert Darlin	
STREET ADDRESS	740 S FEDERAL HWY	4.3 STREET ADDRESS	740 South Federal Hwy #205	
CITY-ST-ZIP	POMPANO BEACH FL	4.4 CITY-ST-ZIP	Pompano Beach, FL 33062	
TITLE	VD	5.1 TITLE	SD	☒ Change ☐ Addition
NAME	MCCLENEGHEN, MARGARET	5.2 NAME	Susan E. Clifton	
STREET ADDRESS	740 S FEDERAL HWY	5.3 STREET ADDRESS	740 South Federal Hwy #306	
CITY-ST-ZIP	POMPANO BEACH FL	5.4 CITY-ST-ZIP	Pompano Beach, FL 33062	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: David Mason 4-13-95 David Mason, Treasurer (305) 942-2157
SIGNATURE AND TYPED OR PRINTED NAME OF INCOMING OFFICER OR DIRECTOR — Date — Daytime Phone #

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