

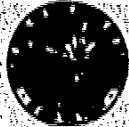
FILE NOW: FILING FEE AFTER MAY 1 IS \$185.00

APPROVED
AND
FILED

95 APR 19 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 748636 (8)
1. Corporation Name
BAY YACHT CLUB CONDOMINIUM ASSOCIATION, INC.

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		2a		08/23/1979		05/01/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		4a. Applied For	
22		27		59-2213357		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		5a. Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		5b. May Be Added to Fees	
Zip		Country		7. Nonprofit with IRS 501(c)(3) Tax Exempt Status		5c. Supplemental Fee Not Required	
24		25		6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		Yes No	
29		30					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 Susan E. Clifton, Secretary April 13, 1995
Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

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	POMPAHO 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	POMPAHO 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	POMPAHO, 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	POMPAHO BEACH FL	4.4 CITY-ST-ZIP	Pompano Beach, FL 33062
TITLE	VD	5.1 TITLE	SD ☒ Change ☐ Addition
NAME	MCCLLENAGHEN, 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	POMPAHO 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 110.07(3)(k), 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 David Mason, Treasurer 4-13-95 (305) 942-2457
Signature typed or printed name of signing officer or director Date Daytime Phone #