

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 POMPANO BEACH FL 33062

3. Date Incorporated or Qualified **08/23/1979** 3a. Date of Last Report **04/19/1995**
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**
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. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

~~CLIFTON, SUSAN E~~
~~740 S. FEDERAL HWY #300~~
~~1500 W CYPRESS CREEK RD, STE 207~~
~~33062NO BEACH FL 33309~~

10. Name and Address of New Registered Agent

81 Name **MR. LEIGH C. KATZMAN, ESQ.**
KATZMAN + KORR P.A.
82 Street Address (P.O. Box Number is Not Acceptable)
1100 South State Road Seven
83 **Suite #102**
84 City **MARGATE** 85 Zip Code **FL 33065**

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 provisions of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* **LEIGH C. KATZMAN** DATE **3/12/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MISCIO, MICHAEL	
STREET ADDRESS	740 SOUTH FEDERAL HWY #304	
CITY-ST-ZIP	POMPANO BEACH FL, 33062	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MASON, DAVID	
STREET ADDRESS	740 S FEDERAL HWY #316	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BOYD, CHARLOTTE	
STREET ADDRESS	740 SOUTH FEDERAL HWY #615	
CITY-ST-ZIP	POMPANO, FL 00000- 33062	
TITLE	VD TD	<input type="checkbox"/> DELETE
NAME	DARLIN, ROBERT	
STREET ADDRESS	740 S FEDERAL HIGHWAY #205	
CITY-ST-ZIP	POMPANO BEACH FL, 33062	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CLIFTON, SUSAN E	
STREET ADDRESS	740 SOUTH FEDERAL HIGHWAY #300	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SD MARTHA TIGNER
2.3 STREET ADDRESS	740 S. FEDERAL HIGHWAY
2.4 CITY-ST-ZIP	POMPANO BEACH FL, 33062
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Tammy Steallo
5.3 STREET ADDRESS	740 S. Federal Hwy #217
5.4 CITY-ST-ZIP	Pompano Bel, FL 33062
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(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: *[Signature]* DATE **3/4/96**

CR2E037 (12/95)