


FILE NOW: FILING FEE IS \$61.25

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Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **748636** (8)
1. Corporation Name
BAY YACHT CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 740 SOUTH FEDERAL HIGHWAY POMPANO BEACH FL 33062	Mailing Address 740 SOUTH FEDERAL HIGHWAY POMPANO BEACH FL 33062
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3. Date Incorporated or Qualified 08/23/1979	
4. FEI Number 59-2213357	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent
**KATZMAN & KORR PA
1100 S STATE RD 7
STE 102
MARGATE FL 33068**

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code FL

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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD NAME MISCIO, MICHAEL STREET ADDRESS 740 SOUTH FEDERAL HWY #304 CITY-ST-ZIP POMPANO BEACH FL	1.1 TITLE	S SANFORD BESSINS 740 SOUTH FEDERAL HWY POMPANO BEACH FL 33062
TITLE	SD NAME WILDING, LORRAINE STREET ADDRESS 740 S FEDERAL HWY CITY-ST-ZIP POMPANO BCH FL	2.1 TITLE	D
TITLE	VD NAME BOYD, CHARLOTTE STREET ADDRESS 740 SOUTH FEDERAL HWY #615 CITY-ST-ZIP POMPANO, FL 00000	2.2 NAME	
TITLE	TD NAME DARLIN, ROBERT STREET ADDRESS 740 S FEDERAL HIGHWAY #205 CITY-ST-ZIP POMPANO BEACH FL	2.3 STREET ADDRESS	
TITLE	D NAME O'NEILL, BRIAN STREET ADDRESS 740 S FEDERAL HWY CITY-ST-ZIP POMPANO BEACH FL	2.4 CITY-ST-ZIP	33062
TITLE		3.1 TITLE	
TITLE		3.2 NAME	
TITLE		3.3 STREET ADDRESS	POMPANO BEACH FL 33062
TITLE		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	D
TITLE		4.2 NAME	
TITLE		4.3 STREET ADDRESS	
TITLE		4.4 CITY-ST-ZIP	33062
TITLE		5.1 TITLE	
TITLE		5.2 NAME	
TITLE		5.3 STREET ADDRESS	
TITLE		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	J JOHN T. MAJUEY, JR. 740 S FEDERAL HWY POMPANO BEACH FL 33062
TITLE		6.2 NAME	
TITLE		6.3 STREET ADDRESS	
TITLE		6.4 CITY-ST-ZIP	

14. 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 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 _____ (954) 942-2157

CR2E037 (10/97)