

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 2000



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 APR 27 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 748636

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



7. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	08/23/1979
22. City & State	27. City & State	4. FEI Number
23. Zip	28. Zip	59-2213357
24. Country	29. Country	Applied For
25. Country	30. Country	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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KATZMAN & KORR PA 1100 S STATE RD 7 STE 102 MARGATE FL 33068	81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD TONI FIORE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TONI FIORE	12 NAME	
STREET ADDRESS	740 SOUTH FEDERAL HWY	13 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD MICHAEL HUGGINS	21 TITLE	800003260168--6
NAME	MICHAEL HUGGINS	22 NAME	-05/19/00--01/13--017
STREET ADDRESS	740 S FEDERAL HWY	23 STREET ADDRESS	*****61.25 *****61.25
CITY-ST-ZIP	POMPANO BCH FL 33062	24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD BOYD, CHARLOTTE	31 TITLE	
NAME	BOYD, CHARLOTTE	32 NAME	
STREET ADDRESS	740 SOUTH FEDERAL HWY #615	33 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062	34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D CORRAINE WILDING	41 TITLE	
NAME	CORRAINE WILDING	42 NAME	
STREET ADDRESS	740 S FEDERAL HIGHWAY	43 STREET ADDRESS	LS
CITY-ST-ZIP	POMPANO BEACH FL 33062	44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD MARTHA TIGNER	51 TITLE	
NAME	MARTHA TIGNER	52 NAME	
STREET ADDRESS	740 S FEDERAL HWY	53 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062	54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: Michael Huggins MICHAEL HUGGINS (954) 942-2157
SIGNATURE AND TYPED OR PRINTED NAME OF DOMESTIC OFFICER OR DIRECTOR Date Daytime Phone #