

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90699 049 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 748636 1. Entity Name BAY YACHT CLUB CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 740 SOUTH FEDERAL HIGHWAY POMPANO BEACH, FL 33062		Mailing Address 740 S FEDERAL HWY POMPANO BEACH, FL 33062			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2213357	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LAW OFFICES OF RHONDA HOLLANDER, P.A. 1861 N FEDERAL HWY #191 HOLLYWOOD, FL 33020			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<i>Margaret McLonsenhan</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FIORE, BILL		NAME	<i>740 S Federal Hwy # 504</i>	
STREET ADDRESS	740 SOUTH FEDERAL HWY \$615		STREET ADDRESS	<i>Pompano Beach FL 33062</i>	
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP	<i>Sec.</i>	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BONITO, MIKE		NAME		
STREET ADDRESS	740 S. FEDERAL HWY. APT. 609		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<i>Vice President</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMERON, ANN		NAME		
STREET ADDRESS	740 S. FEDERAL HWY. APT. 501		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<i>President</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHMIDT, BEVERLY		NAME		
STREET ADDRESS	740 S. FEDERAL HWY. APT. 608		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP		
TITLE	<i>Susan Kluck</i>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<i>740 S Federal Hwy # 605</i>		NAME		
STREET ADDRESS	<i>Pompano Beach FL 33062 Tr</i>		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<i>Martha Tigner</i>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<i>740 S Federal Hwy # 201</i>		NAME		
STREET ADDRESS	<i>Pompano Beach FL 33062 Dir</i>		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Susan Kluck</i> _____ Date _____ Daytime Phone # _____					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					