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Mar 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **751532** **(3)**

1. Corporation Name

BAYPORT BEACH AND TENNIS CLUB CONDOMINIUM ASSOCI ATION, INC.

Principal Place of Business	Mailing Address
619 BAYPORT WAY LONGOBAT KEY FL 34228	619 BAYPORT WAY LONGOBAT KEY FL 34228

3. Date Incorporated or Qualified: 03/12/1980

4. FEI Number: 59-2012294 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SHAVICK, ROBERT M.
601 BAYPORT WAY
LONGBOAT KEY FL 34228

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 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 [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	S	☐ DELETE	1.1 TITLE	Treasurer	☐ Change ☒ Addition
NAME	HULME, GEORGE		1.2 NAME	Katz, Allan	
STREET ADDRESS	838 BAYPORT WAY		1.3 STREET ADDRESS	814 Bayport Way	
CITY-ST-ZIP	LONGBOAT KEY FL		1.4 CITY-ST-ZIP	Longboat Key, FL 34228	
TITLE	T	☐ DELETE	2.1 TITLE	Director	☒ Change ☐ Addition
NAME	LIGUORI, PATRICK		2.2 NAME	Patrick Liguori	
STREET ADDRESS	711 BAYPORT WAY		2.3 STREET ADDRESS	711 Bayport Way	
CITY-ST-ZIP	LONGOBAT KEY FL 34228		2.4 CITY-ST-ZIP	Longboat Key, FL 34228	
TITLE	VP	☒ DELETE	3.1 TITLE	Director	☐ Change ☒ Addition
NAME	BLOOM, MARJORIE		3.2 NAME	Judy Rose	
STREET ADDRESS	716 BAYPORT WAY		3.3 STREET ADDRESS	816 Bayport Way	
CITY-ST-ZIP	LONGBOAT KEY FL		3.4 CITY-ST-ZIP	Longboat Key, Fl 34228	
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SCHLUNK, KARL		4.2 NAME		
STREET ADDRESS	616 BAYPORT WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FIEGER, PETER		5.2 NAME		
STREET ADDRESS	515 BAYPORT WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	LONGOBAT KEY FL 34228		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	Vice President	☒ Change ☐ Addition
NAME	ALPERS, PHINEAS		6.2 NAME	Alpers, Phineas	
STREET ADDRESS	747 BAYPORT WAY		6.3 STREET ADDRESS	747 Bayport Way	
CITY-ST-ZIP	LONGOBAT KEY FL 34228		6.4 CITY-ST-ZIP	Longboat Key, FL 34228	

CR2E037 (10/97)

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: [signature] H. Schlunk 2/6/98 941-383-7400