NONPROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 751532

BAYPORT BEACH AND TENNIS CLUB CONDOMINIUM ASSOCI ATION, INC.

Principal Place of Business 619 BAYPORT WAY LONGOBAT KEY FL 34228

2. Principal Place of Business

Mailing Address

619 BAYPORT WAY LONGOBAT KEY FL 34228

2a. Mailing Address

FILED Apr 26, 1999 8:00 am § Secretary of State

04-26-1999 90276 011 ****61.25



3. Date Incorporated or Qualifed

Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28	21		26	-	03/12/1980		
City & State Zip Country Size		. #, etc.				Applied For	
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SHAVIC K, ROBERT M. 601 BAYPORT WAY LONGBOAT KEY FL 34228 82 Street A-kidress (P.O. Box, Number is Not Acceptable) 607 BAYPORT WAY 83 84 City 1, ONGBOAT KEY FL 85 34228 85 81. Pursueint to the provisions of Suctions 617,0507 and 617,1508, Florida Statutes, the above-named comporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of iffectors. Thereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of iffectors. Thereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of iffectors. Thereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of iffectors. Thereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of iffectors. Thereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of iffectors. Thereby accept the appointment as registered agent, or both, in the State of Florida. Such change as authorized by the corporation's board of iffectors. Thereby accept the appointment as registered agent, or both, in the State of Florida. Such change agent to a graph and the floridal state of Florida. Such change and of iffectors. Thereby accept the appointment as registered agent, or both, in the State of Florida. Such change agent to a graph and of iffectors. Thereby accept the appointment as registered agent, or both, in the State of Florida. Such change agent to a graph and of iffectors. Thereby accept the appointment as registered agent, or both, in the State of Florida. States and of iffectors. Thereby accept the appointment as registered agent, or both and of iffectors. Thereby accept the appo				81 Name	BITTING, BETTY B.	}	
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State Companies Companie	· · · · · · · · · · · · · · · · · · ·				607 BAYPORT WAY		
Second Control of the provisions of Sections 617.050/: and 617.1508, Florida Statites, 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 approintment as registered agent, and accept the abjointment as registered agent, and accept the approintment as registered agent and accept the approintment as registered Sections 617.0503, Florida Statutes. Signature Signature typed or private in the of registered agent and title if diplicable. (NOTE: Registered Agent alignature r				83			
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0. (3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental applical report is true and accurate and that my signature shall have the same legal effect as if made under oath; that ham 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 changet, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PLO UIKARI H. SCHLUNK, PRES. 04-14-99, 383-7000