

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751532

FILED
Jan 11, 2006
Secretary of State

Entity Name: BAYPORT BEACH AND TENNIS CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

619 BAYPORT WAY
LONGOBAT KEY, FL 34228

New Principal Place of Business:

Current Mailing Address:

619 BAYPORT WAY
LONGOBAT KEY, FL 34228

New Mailing Address:

FEI Number: 59-2012294

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAVEN, SALLY M
731 BAYPORT WAY
LONGBOAT KEY, FL 34228 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BURDE, SHARON
Address: 616 BAYPORT WAY
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D () Delete
Name: OBERMAN, MARYLEN
Address: 604 BAYPORT WAY
City-St-Zip: LONGBOAT KEY, FL 34228

Title: T () Delete
Name: MCKINNEY, CHARLES
Address: 713 BAYPORT WAY
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D () Delete
Name: HELLER, JACK
Address: 524 BAYPORT WAY
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D () Delete
Name: KAUFMAN, RICHARD
Address: 707 BAYPORT WAY
City-St-Zip: LONGBOAT KEY, FL 34228

Title: P () Delete
Name: ALPERS, PHINEAS
Address: 747 BAYPORT WAY
City-St-Zip: LONGOBAT KEY, FL 34228

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: COHEN, BERNARD
Address: 818 BAYPORT WAY
City-St-Zip: LONGOBAT KEY, FL 34228

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON BURDE

S

01/11/2006

Electronic Signature of Signing Officer or Director

Date