

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 752141 (2)

1. Corporation Name

BAYVIEW CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

802 ANCHOR RODE DRIVE
-3000-N-TAMIAMI-TR--SUITE 420--
NAPLES FL 33940
US

802 ANCHOR RODE DRIVE
-3000-N-TAMIAMI-TR--SUITE 420--
NAPLES FL 33940
US

3. Date Incorporated or Qualified
04/23/1980

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 **802 Anchor Rode Drive**

2a. Mailing Address

26 **% Accounting & Tax Associates of**

4. FEI Number

59-2190408

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc. **Naples, Inc.**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

23 **Naples, FL**

27 City & State

28 **Naples, FL**

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

Country

24 **33940-2739**

25 **Collier**

29 Zip

Country

29 **33940-2739**

30 **Collier**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RODER, MARJORIE J.
C/O ACCOUNTING & TAX ASSOCIATES OF NAPLES
802 ANCHOR RODE DRIVE
NAPLES FL 33940

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DS** DELETE
NAME **MAYO, KENNETH F**
STREET ADDRESS **975 9TH AVENUE SOUTH, APARTMENT #16**
CITY-ST-ZIP **NAPLES FL**

TITLE **DT** DELETE
NAME **MELDON, THOMAS**
STREET ADDRESS **3003 TAMIAMI TRAIL NORTH**
CITY-ST-ZIP **NAPLES FL**

TITLE **P** DELETE
NAME **BROOKS, WARREN**
STREET ADDRESS **2377 LONGBOAR DRIVE**
CITY-ST-ZIP **NAPLES FL**

TITLE **DVPT** DELETE
NAME **CURRAN, JACK**
STREET ADDRESS **975 NINTH AVE., SO.**
CITY-ST-ZIP **NAPLES FL**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **D/P** Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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*****61.25**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Jack Curran* Jack Curran, V.P.

4/24/96

(941) 262-1874

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)