NONPROFIT CORPORATION ANNUAL REPORT 1996	FLORIDA DEPARTM Sandra B M Secretary o	ENT OF STATE		
DOCUMENT # 753829 1. Corporation Name BAY COVE MANOR CONDOMINIU	` '			
Principal Place of Business 2505 BAY BLYD., APT 4	Mailing Address 2505 BAY BLVD., APT 4		1 100 1000 0 00 1110)
INDIAN ROCKS BCH FL 34635	INDIAN ROCKS BCH FL 34	635	Date Incorporated or Qualified 3:	a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address		08/19/1980 4. FEI Number	01/20/1995 Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.		59-2348793	Not Applicable \$8.75 Additional
2	27		5. Certificate of Status Desired	Fee Required
Orty & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 4 25	Zip 30	Country	This corporation has liability for intangil Florida Statutes	ble tax under s. 199.032, s. □ No
9. Name and Address of Curren		81 Name	10. Name and Address of New Registe	ered Agent
BOSTON, DAVID 2505 BAY BLVD APT 4 INDIAN ROCKS BCH FL 34635			ess (P.O. Box Number is Not Acceptable)	85 Zip Code
Pursuant to the provisions of Sections 617.0502 or registered agent, or both in the State of Floric familiar with, and accept the obligations of, Section SIGNATURE Signature, typed or printed name of registered agent and the objective of the Signature. OFFICERS AND	ia. Such change was authorized by on 617.0503, Florida Statutes. And the rapperature (NOTE Re	e above named corpora the corporation's board gistored Agent sgrature required 13.	ation submits this statement for the purpose of directors. I hereby accept the appointme	nt as régistered agent. I am 5 /96
NAME SD KNOTTS, BEVERLY STREEL ADDRESS 2505 BAY BLVD. APT 1 INDIAN ROCKS BEACH FL	□ DEFELE	11 T:TLE 12 NAME 13 STAGET ADDRESS 14 CITY-S1-ZIP		☐ Change ☐ Addition
TD BOSTON, DAVID STREET ADDRESS CITY-ST-ZIP TD BOSTON, DAVID 2505 BAY BLVD. APT 4 INDIAN ROCKS BCH FL	□ĐĒLĒTĒ	2 1 TIFLE 22 NAME 23 STREET ADDRESS 2 4 CITY - ST - ZIP		☐ Change ☐ Addition
ITILE PD WILLIAMS, BILL STREET ADDRESS 2505 BAY BLVD, APT 5 INDIAN ROCKS BCH FL	□ DELETE	3 1 TIFLE 3 2 NAME 3 3 STREET ADDRESS 3 4. CITY - ST - ZIP		☐ Change ☐ Addition
VPD GERINO, RON STREET ADDRESS CITY-ST-ZIP INDIAN ROCKS BEACH FL	DETELE	4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY-ST-ZIP		☐ Change ☐ Addilion
TITLE INDIAN ROCKS DEACH FL	DELETE	51 TITLE 52 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP		☐ Change ☐ Addition
ITTEST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	□ DELETE	6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY - ST - Z-P		☐ Change ☐ Addition
14. I do hereby certify that the information supplied vectify that the information indicated on this annual oath; that I am an officer or director of the corporappears in Block 12 or Block 13 if changed, or one of the corporation.	al report or supplemental annual re ration or the receiver or trustee em	d and does not qualify fo eport is true and accurat powered to execute this	e and that my signature shall have the same report as required by Chapter 617, Florida S	legal effect as if made under