

**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 # 756343 (0)**  
1. Corporation Name  
**BAYVIEW CLUB CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: **3208 BAYVIEW DR., #101 FT. LAUDERALE FL 33306**  
Mailing Address: **3208 BAYVIEW DR., #101 FT. LAUDERALE FL 33306**

3. Date Incorporated or Qualified: **02/12/1981**  
3a. Date of Last Report: **03/27/1995**  
4. FEI Number: **59-2082936**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

9. Name and Address of Current Registered Agent  
**WAY, WILSON E.  
3208 BAYVIEW DRIVE  
FT. LAUDERDALE FL 33306**

10. Name and Address of New Registered Agent  
81. Name: **Patricia Pauli**  
82. Street Address (P.O. Box Number is Not Acceptable): **3208 BAYVIEW DR #103**  
83. City: **WORLD**  
84. City: **FT Lauderdale** FL 85. Zip Code: **33306**

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]* **WILSON EARL WAY PRESIDENT/DIRECTOR**  
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	WAY, WILSON E.	<input type="checkbox"/> DELETE
NAME		3208 BAYVIEW DR., #101	
STREET ADDRESS		FT. LAUDERDALE FL	
CITY-ST-ZIP			
TITLE	SD	PARKER, SCOTT	<input type="checkbox"/> DELETE
NAME		3208 BAYVIEW DRIVE #102	
STREET ADDRESS		FT. LAUDERDALE FL	
CITY-ST-ZIP			
TITLE	TD	PAULI, ERIC	<input type="checkbox"/> DELETE
NAME		3208 BAYVIEW DR. #103	
STREET ADDRESS		FT. LAUDERDALE FL	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	(D) SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WILSON WAY	
1.3 STREET ADDRESS	3208 BAYVIEW DRIVE	
1.4 CITY-ST-ZIP	FT LAUDERDALE FL 33306	
2.1 TITLE	VP SCOTT VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SCOTT PARKER #102	
2.3 STREET ADDRESS	3208 BAYVIEW DR	
2.4 CITY-ST-ZIP	FT Lauderdale FL 33306	
3.1 TITLE	(D) Treasurer & Secy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Patricia Pauli	
3.3 STREET ADDRESS	3208 BAYVIEW DR	
3.4 CITY-ST-ZIP	FT Lauderdale FL 33306	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	900001882999	
5.4 CITY-ST-ZIP	-07/03/96--01024--048	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *[Signature]* **D. WILSON E WAY 3/23/96 954-537-4730**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)