

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2:59

DOCUMENT # 764807 (4)

1. Corporation Name

BAY WINDS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% ERIC B. ROBERTSON
7707- 17TH AVENUE WEST
BRADENTON FL 34209

% ERIC B. ROBERTSON
7707- 17TH AVENUE WEST
BRADENTON FL 34209

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/02/1982	3a. Date of Last Report 04/19/1994
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for Intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	30
23 City & State		29 City & State	
24 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROBERTSON, ERIC B
7707-17TH AVENUE WEST
BRADENTON FL 33529**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APAIR, DOUGLAS	1.2 NAME	
STREET ADDRESS	P.O BOX 748 HINTON MRG N/A	1.3 STREET ADDRESS	
CITY - ST - ZIP	DALLAS TE	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHUPERDIE, GARY	2.2 NAME	
STREET ADDRESS	26 WEXFORD D.	2.3 STREET ADDRESS	
CITY - ST - ZIP	HILTON HEAD DC	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTSON, ERIC B.	3.2 NAME	
STREET ADDRESS	7707 17TH AVE. W.	3.3 STREET ADDRESS	
CITY - ST - ZIP	BRADENTON FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 (change), or on an attachment with an address.

SIGNATURE: ERIC B. ROBERTSON 3/26/95 798-3630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR