

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

DOCUMENT # **766604** (3)

1. Corporation Name

THE FLORIDA BAY CLUB CONDOMINIUM ASSOCIATION, INC.

95 MAR 30 AM 9:29

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
MILE MARKER 103.5 KEY LARGO FL 33007	P O BOX 2520 KEY LARGO FL 33007 US

3. Date Incorporated or Qualified 01/20/1983	3a. Date of Last Report 03/29/1994
4. FEI Number 58-2420602	Applied For <input type="checkbox"/> 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 Suits, Apt. #, etc.	26 Suits, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

**CULLEN, RUSSELL H.
892228 OVERSEAS HWY
SUITE 301-D
KEY LARGO FL 33007**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	THEODORE DENAULT
STREET ADDRESS	19005 SW 190 ST.
CITY-ST-ZIP	MIAMI FL
TITLE	VPD
NAME	RICHARD, WILLIAMS
STREET ADDRESS	8611 FRANJO RD.
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	DR. JAMES TRACTON
STREET ADDRESS	12700 BAYSHORE DR.
CITY-ST-ZIP	N. MIAMI FL
TITLE	D
NAME	STAFFORD, RICHARD
STREET ADDRESS	2919 E. VICTORIA ST.
CITY-ST-ZIP	RANCHO DOMINGUEZ CA
TITLE	S
NAME	NORMA C. YOUNG
STREET ADDRESS	300 OCEAN DR.
CITY-ST-ZIP	KEY LARGO FL
TITLE	T
NAME	ROBERT RIZZI
STREET ADDRESS	6860 QUEEN PLAM TERR
CITY-ST-ZIP	MIAMI LAKE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	TIMOTHY NOLAN
23 STREET ADDRESS	# 9 ANCHOR DR.
24 CITY-ST-ZIP	INDIAN HARBOR BCH, FL 32937
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	DAVID SHERMAN
63 STREET ADDRESS	2255 GLADES RD # 420A
64 CITY-ST-ZIP	BOCA RATON FL 33431

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 110.07(3)(b), 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: *Norma C. Young Sec.* **3/24/95 305-451-0101**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Name)

766604

D

GARY LAZARUS
6436 NW 199 TERRACE
MIAM, FL 33015

ADDITION

D

RICHARD HOUSTON
101600 O/S HWY - BOX 35
Key Largo FL 33037

ADDITION