

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

FILED
Feb 02 1996 8:00 am
Secretary of State

DOCUMENT # 766604 (3)
1. Corporation Name
THE FLORIDA BAY CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
**MILE MARKER 103.5
KEY LARGO FL 33037** **P O BOX 2520
KEY LARGO FL 33037
US**

3. Date Incorporated or Qualified **01/20/1983** 3a. Date of Last Report **03/30/1995**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **59-2420602** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip Country 28 Zip Country

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

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CULLEN, RUSSELL H.
992228 OVERSEAS HWY
SUITE 301-D
KEY LARGO FL 33037**

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	THEODORE DENAULT	
STREET ADDRESS	19005 SW 190 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NOLAN, TIMOTHY	
STREET ADDRESS	#9 ANCHOR DR	
CITY-ST-ZIP	INDIAN HARBOR BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DR. JAMES TRACTON	
STREET ADDRESS	12700 BAYSHORE DR.	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STAFFORD, RICHARD	
STREET ADDRESS	2919 E. VICTORIA ST.	
CITY-ST-ZIP	RANCHO DOMINGUEZ CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	NORMA C. YOUNG	
STREET ADDRESS	300 OCEAN DR.	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SHERMAN, DAVID	
STREET ADDRESS	2255 GLADES RD #402A	
CITY-ST-ZIP	BOCA RATON FL	

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TED DENAULT	
1.3 STREET ADDRESS	19005 SW 190 STREET	
1.4 CITY-ST-ZIP	MIAMI, FL 33187	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	P D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DAVID LAUTENSLAGER	
2.3 STREET ADDRESS	12935 SW 110 AVENUE	
2.4 CITY-ST-ZIP	MIAMI, FL 33176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROBERT LEBOWITZ	
3.3 STREET ADDRESS	280 N.E. 159TH STREET	
3.4 CITY-ST-ZIP	MIAMI, FL 33162	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JOHN STANTON	
4.3 STREET ADDRESS	1531 N.W. 90TH WAY	
4.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33024	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE	ALT D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GARY LAZARUS	
5.3 STREET ADDRESS	6436 NW 199 TERRACE	
5.4 CITY-ST-ZIP	MIAMI, FL 33015-2159	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		
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:

Norma C. Young
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
NORMA C. YOUNG

1/26/96 305-451-0101
Date Daytime Phone #

CR2E037 (12/95)