

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 766604 (3)
1. Corporation Name
THE FLORIDA BAY CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business MILE MARKER 103.5 KEY LARGO FL 33037	Mailing Address P O BOX 2520 KEY LARGO FL 33037-7520 US
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3. Date Incorporated or Qualified 01/20/1983	3a. Date of Last Report 02/02/1996
4. FEI Number 59-2420602	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
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 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
**CULLEN, RUSSELL H.
992228 OVERSEAS HWY
SUITE 301-D
KEY LARGO FL 33037**

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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when re-issuing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	11 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENAUPT, TED	12 NAME	DAVID LAUTENSLAGER
STREET ADDRESS	19005 SW 190 ST	13 STREET ADDRESS	12935 S.W. 110 AVE
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI FL 33176
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOLAN, TIMOTHY	22 NAME	LOURDES GRIFFIN
STREET ADDRESS	#9 ANCHOR DR	23 STREET ADDRESS	12830 SW 43RD DR #165B
CITY-ST-ZIP	INDIAN HARBOR BCH FL	24 CITY-ST-ZIP	MIAMI FL 33175
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DR. JAMES TRACTON	32 NAME	ROBERT LEBOWITZ
STREET ADDRESS	12700 BAYSHORE DR.	33 STREET ADDRESS	280 NE 159TH ST
CITY-ST-ZIP	N. MIAMI FL	34 CITY-ST-ZIP	MIAMI FL 33162
TITLE	VDD <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANTON, JOHN	42 NAME	
STREET ADDRESS	1531 NW 90TH WAY	43 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	44 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	51 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORMA C. YOUNG	52 NAME	JAMES P. TEEGARDIN
STREET ADDRESS	300 OCEAN DR.	53 STREET ADDRESS	200 FLORIDA AVE
CITY-ST-ZIP	KEY LARGO FL	54 CITY-ST-ZIP	TAVERNIER FL 33070
TITLE	T <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERMAN, DAVID	62 NAME	
STREET ADDRESS	2255 GLADES RD #402A	63 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 _____ DATE **3/12/97 (395)451-0101**

CR2E037 (9/96)