

FILE NOW: FILING FEE IS \$61.25

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Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90019 021 \*\*\*\*61.25

11/1/98

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 766604**

1. Corporation Name  
**THE FLORIDA BAY CLUB CONDOMINIUM ASSOCIATION, IN C.**

Principal Place of Business <b>MILE MARKER 103.5 KEY LARGO FL 33037</b>	Mailing Address <b>P O BOX 2520 KEY LARGO FL 33037 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified <b>01/20/1983</b>	4. FEI Number <b>59-2420602</b>	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		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>CULLEN, RUSSELL H. 992228 OVERSEAS HWY SUITE 301-D KEY LARGO FL 33037</b>				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	<b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAUTENSLAGER, DAVID</b>	1.2 NAME	
STREET ADDRESS	<b>12935 SW 110 AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NOLAN, TIMOTHY</b>	2.2 NAME	<b>LOURDES GRIFFIN</b>
STREET ADDRESS	<b>#9 ANCHOR DR</b>	2.3 STREET ADDRESS	<b>12830 S.W. 43 DR #165B</b>
CITY-ST-ZIP	<b>INDIAN HARBOR BCH FL</b>	2.4 CITY-ST-ZIP	<b>MIAMI, FL. 33175</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DR. JAMES TRACTON</b>	3.2 NAME	<b>WALTER GRIFFIN</b>
STREET ADDRESS	<b>12700 BAYSHORE DR.</b>	3.3 STREET ADDRESS	<b>12830 S.W. 43 DR. #165B</b>
CITY-ST-ZIP	<b>N. MIAMI FL</b>	3.4 CITY-ST-ZIP	<b>MIAMI, FL. 33175</b>
TITLE	<b>VDD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STANTON, JOHN</b>	4.2 NAME	
STREET ADDRESS	<b>1531 NW 90TH WAY</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TEEGARDIN, JAMES P</b>	5.2 NAME	
STREET ADDRESS	<b>200 FLORIDA AVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAVERNIER FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHERMAN, DAVID</b>	6.2 NAME	
STREET ADDRESS	<b>2255 GLADES RD #402A</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: James P. Teggardin SIGNATURE REQUIRED: JAMES P. TEGGARDIN Date: 4/26/99 Daytime Phone #: 305/451-0101

CR2E037 (11/98)