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NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1996

N00976

(3)

	VAY BAY II ASSOCIATION, II	NC.						
Principal Place of Business Mailing Address						1811  18818 Bill 8181		
2018 HARBOURSIDE DR. LONGBOAT KEY FL 34228  2018 HARBOURSIDE DR. LONGBOAT KEY FL 34228								
					<ol><li>Date Incorporated or Q</li></ol>	ualified 3a.	Date of Last	
2 Principal 5	Place of Business				01/18/1984		_05/01/1	1995
21 Principal P	nace of business	2a. Mailing Address			4. FEI Number 59-2442043		-	Applied For
Suite, Apt	#. etc.	Suite, Apt. #, etc.			59-2442043			Not Applicable
22	,	27			5. Certificate of Status Dea	sired 🔲		Additional Required
City & Stat	te	City & State		~	6. Election Campaign Fina	incina		May Be
23		28			Trust Fund Contribution	~ [ ]		d to Fees
Zip	Country	Zip	Country		8. This corporation has liab	bility for intangible	tax under s.	199.032,
24	25	29	30		Florida Statutes	Yes Yes		
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address o	f New Registere	d Agent	
MOOAN	M BALE		"	Name				
MCCANN, DALE 2018 HARBOURSIDE DR.			82	Street	Address (P.O. Box Number is Not Acceptable)			
	OAT KEY FL 34228		83					
LONGD	OAT RET LE 34228							
			84	City		F	85 Zış	p Code
	to the provisions of Sections 617.0502 red agent, of both, in the State of Florid ith, and accept the oblightions of Section 1.	and 617.1508, Florida Statutes a. Such change was authorized on 617.0503. Florida Statutes	s, the above-n d by the corps	named or oration's	orporation submits this statement for board of directors. Thereby accept	r the purpose of a the appointment :	changing its r as registered	egistered office agent. Lam
SIGNATURE	Control to the complete control of manhors to manhors to	Da				3-26	96	
12.	Synatime, typics or printed name of regularized agent a OFFICERS AND		ale Mc		), Manager	3-26 DATE		10S IN 12
<u> </u>					), Manager Found when micrologic ADDITIONS CHANGES	3-26 DATE	OTO SRICE CR	
12.	OFFICERS AND	DIRECTORS	ale Mcc Regional Ages 13.		n, Manager Sunctivity to coloring ADDITIONS*CHANGES  VP	3 - 26 DATE TO OFFICERS AN		ORS IN 12
12. TIFLE	OFFICERS AND	DIRECTORS	ale Mcc Registrati Agent 13.	Canr Esgratue (	Manager ADDITIONS CHANGES  VP Oscar Fefferman	3 - 26 DATE TO OFFICERS AN	ND DIRECTO	
12. HILE NAME STREET ADDRESS CITY-ST-ZIP	P LIPSCHUTZ, GERDI 2018 HARBOURSIDE DRIVE LONGBOAT KEY FL	DIRECTORS DELETE	Registered Agents 13. 11 TILLE 12 NAME	Canr Esgratue i	ADDITIONS CHANGES  VP Oscar Feffermar 2018 Harboursid	3-26 par roomcens and de Drive	ND DIRECTO Change	
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12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	P LIPSCHUTZ, GERDI 2018 HARBOURSIDE DRIVE LONGBOAT KEY FL DT ELLISON, JOSEPH	DIRECTORS DELETE	Figure MCC Figure 1 Ages  13. 11 Title 12 NAME 13 STHEE! 14 CITY-ST	Canr Esgratue i	ADDITIONS CHANGES  VP Oscar Feffermar 2018 Harboursid	3-26 par roomcens and de Drive	ND DIRECTO	<b>XX</b> *ddition
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certify that the information supplied will this lining is voluntarily furnished and does not quarry 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 attack ment with an address.

SIGNATURE:

MANATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96 (941)383-2701 Daytine Prover