

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 20 11 01 2

DOCUMENT # N14294 (5)
1. Corporation Name

BAY HAMMOCK OWNERS' ASSOCIATION, INC.

Principal Place of Business P.O. BOX 505 ISLAMORADA FL 33036	Mailing Address P.O. BOX 505 ISLAMORADA FL 33036
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/09/1986	3a. Date of Last Report 05/27/1994
4. FEI Number 59-2720630	Applied For 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"/>	FILING FEE IS \$61.25
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 21 <i>See above</i>	2a. Mailing Address 26 <i>see above</i>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 23
ZIP 24	Country 25
ZIP 29	Country 30

9. Name and Address of Current Registered Agent

**RYAN, CHRISTEL C
10 FLAMINGO HAMMOCK ROAD
ISLAMORADA FL 33036**

10. Name and Address of New Registered Agent

81 Name <i>See # 9</i>
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 _____ DATE _____
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD	NAME RYAN, DENNIS
STREET ADDRESS 10 FLAMINGO HAMMOCK ROAD	CITY - ST - ZIP ISLAMORADA FL 33036
TITLE VD	NAME NES, ERNIE
STREET ADDRESS 82 CIDER HILL	CITY - ST - ZIP UPPER SADDLE RIVER NJ 07458
TITLE SD	NAME HALPNER, PATRICIA
STREET ADDRESS P.O. BOX 1352 N/A	CITY - ST - ZIP ISLAMORADA FL 33036
TITLE D	NAME NADEAU, PHYLLIS
STREET ADDRESS P.O. BOX 1802 N/A	CITY - ST - ZIP ISLAMORADA FL 33036
TITLE TREASURER	NAME RYAN, CHAISTEL
STREET ADDRESS 10 FLAMINGO HAMMOCK RD	CITY - ST - ZIP ISLAMORADA, FL 33036
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 110.07(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, changed, or on an attachment with an address.

SIGNATURE: *Dennis Ryan* **Dennis Ryan** 6/16/94 (305) 664-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/95)