

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

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

3. Date Incorporated or Qualified: **04/09/1986**
3a. Date of Last Report: **06/20/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2720630	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	Country	30	Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RYAN, CHRISTEL C 10 FLAMINGO HAMMOCK ROAD ISLAMORADA FL 33036				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, DENNIS		1.2 NAME				
STREET ADDRESS	10 FLAMINGO HAMMOCK ROAD		1.3 STREET ADDRESS				
CITY-ST-ZIP	ISLAMORADA FL 33036		1.4 CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	NESS, ERNIE			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NES, ERNIE		2.2 NAME				
STREET ADDRESS	82 CIDER HILL		2.3 STREET ADDRESS				
CITY-ST-ZIP	UPPER SADDLE RIVER NJ 07458		2.4 CITY-ST-ZIP				
TITLE	SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	Director, Secretary			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALPNER, PATRICIA		3.2 NAME				
STREET ADDRESS	P.O. BOX 1352 N/A		3.3 STREET ADDRESS				
CITY-ST-ZIP	ISLAMORADA FL 33036		3.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	Director, Treasurer			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NADEAU, PHYLLIS		4.2 NAME	Ryan, Christel			
STREET ADDRESS	P.O. BOX 1802 N/A		4.3 STREET ADDRESS				
CITY-ST-ZIP	ISLAMORADA FL 33036		4.4 CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> DELETE	5.1 TITLE	Director			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RYAN, CHAISTEL		5.2 NAME	NESS, KAREN			
STREET ADDRESS	10 FLAMINGO HAMMOCK RD		5.3 STREET ADDRESS	82 Cider Hill			
CITY-ST-ZIP	ISLAMORADA FL		5.4 CITY-ST-ZIP	Upper Saddle River, NJ 07458			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE				
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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: *Christel C Ryan* **Christel C RYAN** 3-11-1996 (305) 664-2222
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E037 (12/95)