

FILE NOW: FILING FEE IS \$61.25

FILED  
May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N14294  
1. Corporation Name:  
BAY HAMMOCK OWNERS' ASSOCIATION INC

Principal Place of Business Mailing Address  
PO Box 505  
ISLAMORADA FL 33036

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 See Above	26 See Above	59-2720630	Not Applicable
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
		29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent  
RYAN, CHRISTEL C.  
10 FLAMINGO HAMMOCK RD.  
ISLAMORADA FL 33036

10. Name and Address of New Registered Agent  
81 Name See #9  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PP Principal Director <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 RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADA FL 33036	1.4 CITY-ST-ZIP	
TITLE	VO Vice Director <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NESS, 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	Director <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NESS, KAREN	3.2 NAME	
STREET ADDRESS	82 CIDER HILL	3.3 STREET ADDRESS	
CITY-ST-ZIP	UPPER SADDLE RIVER NJ 07458	3.4 CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NADEAU, Phyllis	4.2 NAME	
STREET ADDRESS	PO Box 1802 NA	4.3 STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADA FL 33036	4.4 CITY-ST-ZIP	
TITLE	Treasurer <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, CHRISTEL C	5.2 NAME	
STREET ADDRESS	10 FLAMINGO HAMMOCK RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADA FL 33036	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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: C. Ryan 4-15-1997 (305) 664-2222  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)