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Feb 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N14294 (5)  
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	
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-2720630	
Sulte, Apt. #, etc. 22		Sulte, Apt. #, etc. 27		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24		Zip 29		7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Country 25		Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD RYAN, DENNIS 10 FLAMINGO HAMMOCK ROAD ISLAMORADA FL 33036	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD NESS, ERNIE 82 CIDER HILL UPPER SADDLE RIVER NJ 07458	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D NESS, KAREN 82 CIDER HILL UPPER SADDLE RIVER NJ 07458	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DS NADEAU, PHYLLIS P.O. BOX 1802 N/A ISLAMORADA FL 33036	4.1 TITLE	DIRECTOR
NAME		4.2 NAME	HEWITT, WILLIAM
STREET ADDRESS		4.3 STREET ADDRESS	32 FLAMINGO HAMMOCK RD.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ISLAMORADA, FL 33036
TITLE	T RYAN, CHRISTEL C 10 FLAMINGO HAMMOCK RD ISLAMORADA FL 33036	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Christel C Ryan* *Christel C Ryan* 1-27-98 (305) 664-2222

CR2E037 (10/97)