

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 18 PM 2:40

DOCUMENT # **P92000011239 (0)**

1. Corporation Name  
**BAY AIRE R.V. PARK, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business <b>2242 US ALTERNATE 19 PALM HARBOR FL 34683</b>	Mailing Address <b>2242 US ALTERNATE 19 PALM HARBOR FL 34683</b>
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3. Date Incorporated or Qualified <b>12/10/1992</b>	3a. Date of Last Report <b>02/28/1994</b>
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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4. FEI Number <b>59-3154890</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ROMANO, GLORIA C  
2242 US ALTERNATE 19  
PALM HARBOR FL 34683**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
	85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature) \_\_\_\_\_ (Typed Name)

12. OFFICERS AND DIRECTORS	
TITLE	<b>PSD</b>
NAME	<b>ROMANO, GLORIA C</b>
STREET ADDRESS	<b>2242 US ALTERNATE 19</b>
CITY, ST, ZIP	<b>PALM HARBOR FL</b>
TITLE	<b>TD</b>
NAME	<b>CUZZONE, JOHN I</b>
STREET ADDRESS	<b>189 CANAL ST</b>
CITY, ST, ZIP	<b>PROVIDENCE RI</b>
TITLE	<b>VD</b>
NAME	<b>BRUNO, FRED</b>
STREET ADDRESS	<b>150 NYATT RD</b>
CITY, ST, ZIP	<b>BARRINGTON RI</b>
TITLE	<b>VD</b>
NAME	<b>MUSCHE, FRANK W</b>
STREET ADDRESS	<b>284 PLEASANT ST</b>
CITY, ST, ZIP	<b>RUMFORD RI</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. 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)(b), Florida Statutes. I further certify that the information included 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an addition, with an address.

SIGNATURE: *Gloria C. Romano* **GLORIA C. ROMANO** **1/2/95** **813-784-4682**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Extension/Phone #)