

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P92000011239 (0)**

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



Principal Place of Business: **2242 US ALTERNATE 19 PALM HARBOR FL 34683**
Mailing Address: **2242 US ALTERNATE 19 PALM HARBOR FL 34683**

2. Principal Place of business	2a. Mailing Address	3. Date Incorporated or Qualified 12/10/1992	3a. Date of Last Report 01/18/1995
21. State, Apt. #, etc.	26. Subj., Apt. #, etc.	4. FEI Number 59-3154890	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0505, Florida Statutes.

SIGNATURE _____ DATE _____
I, _____, Secretary, Treasurer, or other officer or director of the corporation, certify that the above information is true and correct.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PSD	NAME: ROMANO, GLORIA C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2242 US ALTERNATE 19	CITY, ST, ZIP: PALM HARBOR FL	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY, ST, ZIP	
TITLE: TD	NAME: CUZZONE, JOHN I	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 189 CANAL ST	CITY, ST, ZIP: PROVIDENCE RI	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY, ST, ZIP	
TITLE: VD	NAME: BRUNO, FRED	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 150 NYATT RD	CITY, ST, ZIP: BARRINGTON RI	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY, ST, ZIP	
TITLE: VD	NAME: MUSCHE, FRANK W	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 284 PLEASANT ST	CITY, ST, ZIP: RUMFORD RI	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY, ST, ZIP	
TITLE:	NAME:	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY, ST, ZIP:	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY, ST, ZIP	
TITLE:	NAME:	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY, ST, ZIP:	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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or get an attachment with an address.

SIGNATURE: *Gloria C. Romano* **GLORIA C. ROMANO** 1/19/96 813-784-4002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (12/95)