

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90122 043 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000068040**

1. Corporation Name
BAY MARINA PROPERTY, INC.



Principal Place of Business 4001 TAMIAMI TRL. N. STE. 300 NAPLES FL 34105	Mailing Address 4001 TAMIAMI TRL. N. STE. 300 NAPLES FL 34105
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified 08/06/1997	4. FEI Number 23-2917370	Applied For Not Applicable
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	25 Country	28 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		

GOODLETTE, J. DUDLY E
 GOODLETTE, COLEMAN & JOHNSON, P.A.
 4001 TAMIAMI TRAIL NORTH, SUITE 300
 NAPLES FL 34103

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKEY, THOMAS J.	1.2 NAME	
STREET ADDRESS	SUITE 718, BIGELOW CORP. CENTER	1.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA 15219	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODLETTE, J. DUDLEY	2.2 NAME	
STREET ADDRESS	4001 TAMIAMI TRAIL NORTH, SUITE 300	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34103	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGROGAN, DANIEL	3.2 NAME	
STREET ADDRESS	SUITE 718, BIGELOW CORP. CENTER	3.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA 15219	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINEGOLD, ALAN H.	4.2 NAME	
STREET ADDRESS	6 PPG PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA 15222	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ASKHORN, DAVID	5.2 NAME	MCKOWN, DAVID
STREET ADDRESS	Suite 718, Bigelow Corp. CE	5.3 STREET ADDRESS	718 BIGELOW CORP. CENTER
CITY-ST-ZIP		5.4 CITY-ST-ZIP	PITTSBURGH, PA 15219-3028
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	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Daniel McGrogan* **URGENT** 4/20/99 (412) 471-6420
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)