**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Jan 22, 2016**
**Secretary of State**
**CC4740755247**

DOCUMENT# 751532

**Entity Name:** BAYPORT BEACH AND TENNIS CLUB CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

619 BAYPORT WAY
LONGOBAT KEY, FL 34228

**Current Mailing Address:**

619 BAYPORT WAY
LONGOBAT KEY, FL 34228

**FEI Number: 59-2012294**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BURDE, SHARON
616 BAYPORT WAY
LONGBOAT KEY, FL 34228 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

SIGNATURE: SHARON BURDE 01/22/2016

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | VP |
| Name | SMITH, BETH |
| Address | 748 BAYPORT WAY |
| City-State-Zip: | LONGBOAT KEY FL 34228 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | VOGEL, HERB |
| Address | 501 BAYPORT WAY |
| City-State-Zip: | LONGBOAT KEY FL 34228 |

| | |
|---|---|
| Title | SECRETARY |
| Name | MEASHAM, CAROL |
| Address | 808 BAYPORT WAY |
| City-State-Zip: | LONGBOAT KEY FL 34228 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | DESOUZA, ALICE |
| Address | 831 BAYPORT WAY |
| City-State-Zip: | LONGBOAT KEY FL 34228 |

| | |
|---|---|
| Title | PRESIDENT |
| Name | KUCHARSKI, GENE |
| Address | 826 BAYPORT WAY |
| City-State-Zip: | LONGBOAT KEY FL 34228 |

| | |
|---|---|
| Title | TREASURER |
| Name | MOORE, GERALD |
| Address | 606 BAYPORT WAY |
| City-State-Zip: | LONGOBAT KEY FL 34228 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | BAKER, HOWARD |
| Address | 613 BAYPORT WAY |
| City-State-Zip: | LONGBOAT KEY FL 34228 |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

SIGNATURE: GENE KUCHARSKI PRESIDENT 01/22/2016

Electronic Signature of Signing Officer/Director Detail — Date