SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 30 AM 9:32

DOCUMENT # **625884** **(2)**

1. Corporation Name

ISLAND BAY RESORTS, INC.

Principal Place of Business	Mailing Address
MM 92 1/2 US1 **P.O. BOX 573** **TAVERNIER FL 33070-0573**	**MM 92 1/2 US1** **P.O. BOX 573** **TAVERNIER FL 33070-0573**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/14/1979**
3a. Date of Last Report: **02/08/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
24 / 25 / 29 / 30

4. FEI Number: **59-1925849** — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Name Changed ☐ — **$5.00** May Be Added to Fees

7. This corporation has elected to be governed by the provisions of 1993 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NEAT, BRAD
ISLAND BAY RESORTS
92530 OVERSEAS HWY
TAVERNIER FL 33070

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Section 607.0505 and 607.1605, 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: _____ Date: _____
If changing Registered Agent, Registered Agent must sign above.

12. OFFICER AND DIRECTORS

Title	PD
Name	NEAT, BRADFORD L
Street Address	MM 92 1/2
City-St-Zip	TAVERNIER, FL 00000
Title	SD
Name	KOEHRING, TORREY
Street Address	5890 MARK COURT
City-St-Zip	MARTINSVILLE IN
Title	TD
Name	NEAT, KATK
Street Address	4969 KINGS CHURCH ROAD
City-St-Zip	TAYLORSVILLE KY
Title	
Name	
Street Address	
City-St-Zip	
Title	
Name	
Street Address	
City-St-Zip	
Title	
Name	
Street Address	
City-St-Zip	

13. ADDITIONAL OFFICERS AND DIRECTORS

Title	☐ Change	☐ Addition
Name		
Street Address		
City-St-Zip		
Title	☐ Change	☐ Addition
Name		
Street Address		
City-St-Zip		
Title	☐ Change	☐ Addition
Name		
Street Address		
City-St-Zip		
Title	☐ Change	☐ Addition
Name		
Street Address		
City-St-Zip		
Title	☐ Change	☐ Addition
Name		
Street Address		
City-St-Zip		
Title	☐ Change	☐ Addition
Name		
Street Address		
City-St-Zip		

14. I hereby certify that the information supplied with this filing is accurate and that I am not qualified for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 with an address, with an asterisk, or attached with an address.

SIGNATURE: _____ Date: _____
ELECTRONIC AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)

0141666 FP