

FILE NOW: FILING FEE IS \$61.25

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Mar 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 700185 (2)**

1. Corporation Name  
**BIRD KEY YACHT CLUB, INC.**

Principal Place of Business <b>301 BIRD KEY DRIVE SARASOTA FL 34236</b>	Mailing Address <b>301 BIRD KEY DRIVE SARASOTA FL 34236-1803</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>

3. Date Incorporated or Qualified <b>11/21/1959</b>	3a. Date of Last Report <b>03/28/1996</b>
4. FEI Number <b>59-0906195</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**NISBET, BRUCE L.  
301 BIRD KEY DR.  
SARASOTA FL 34236**

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 Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Bruce L. Nisbet* **BRUCE L. NISBET-Gen Manager** **2/21/97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PRICE, MR EDWIN F.	
STREET ADDRESS	1415 HARBOR DRIVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JARET, MR RALPH E	
STREET ADDRESS	1600 HARBOR SOUND DRIVE	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ROUND, JR. R	
STREET ADDRESS	335 BOB WHITE WAY	
CITY-ST-ZIP	SARASOTA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SAHSIELL, MR HAMILTON L.	
STREET ADDRESS	700 JOHN RINGLING BLVD., #912	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JARET, RALPH E.	
1.3 STREET ADDRESS	1600 HARBOR SOUND DRIVE	
1.4 CITY-ST-ZIP	LONGBOAT KEY, FL 34228-3542	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PERRY, CHARLES E.	
2.3 STREET ADDRESS	378 GOLDEN GATE POINT, Unit #3	
2.4 CITY-ST-ZIP	SARASOTA, FL 34236	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	TD	
3.2 NAME	HOSTED, THOMAS J.	
3.3 STREET ADDRESS	4400 WHITE CEDAR TRAIL	
3.4 CITY-ST-ZIP	SARASOTA, FL 34238	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DASHIELL, HAMILTON L.	
4.3 STREET ADDRESS	700 JOHN RINGLING BLVD. #912	
4.4 CITY-ST-ZIP	SARASOTA, FL 34236-1504	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ralph E. Jaret* **2/21/97** **(941)953-4455**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)