

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90040 018 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 703347

1. Corporation Name

BAY FOUR INC

Principal Place of Business

**8000 EAST DRIVE GATE HOUSE
106
NORTH BAY VILLAGE FL 33141
US**

Mailing Address

**8000 EAST DRIVE GATE HOUSE
NORTH BAY VILLAGE FL 33141**



2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3. Date Incorporated or Qualified

12/19/1961

4. FEI Number

59-2258510

Applied For
Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JAFFE, LEAH S
8000 EAST DRIVE #106
N BAY VILLAGE FL 33141**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITILE **T** ☒ DELETE

NAME **WEAVER, LARRY**
STREET ADDRESS **8020 EAST DRIVE, #217**
CITY-ST-ZIP **N. BAY VILLAGE FL**

P ☐ DELETE

NAME **GIUDICI, JERRY**
STREET ADDRESS **8000 E DRIVE #205**
CITY-ST-ZIP **NORTH BAY VILLAGE FL**

D ☐ DELETE

NAME **CAICEDO, HARRY**
STREET ADDRESS **8010 EAST DRIVE, #207**
CITY-ST-ZIP **N. BAY VILLAGE FL 33141**

D ☒ DELETE

NAME **SOLOMON, FRANCES**
STREET ADDRESS **8010 EAST DRIVE, #312**
CITY-ST-ZIP **N. BAY VILLAGE FL**

D ☐ DELETE

NAME **CHESLEY, JOSEPHINE**
STREET ADDRESS **8010 EAST DRIVE, #307**
CITY-ST-ZIP **N. BAY VILLAGE FL**

☐ DELETE

TITILE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 617, 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTORIE MOLWAY
3/16/99
305-754-5940

CR2E037 (1/198)