FILE NOW: FILING FEE IS $61.25

FILED
Feb 25, 1999 8:00 am
Secretary of State
02-25-1999 90079 046 ****61.25

0036718

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **714225**

1. Corporation Name
BAY ISLAND VILLAS, INC.

Principal Place of Business	Mailing Address
3108 NE 27 STREET #202 FT LAUDERDALE FL 33308	3108 NE 27 STREET #202 FT LAUDERDALE FL 33308

2. Principal Place of Business 21 3100 N.E. 27 Street 22 Suite, Apt. #, etc. 23 City & State: Ft. Lauderdale, FL 24 Zip: 33308 25 Country: Broward	2a. Mailing Address 26 3100 N.E. 27 Street 27 Suite, Apt. #, etc. 28 City & State: Ft. Lauderdale, FL 29 Zip: 33308 30 Country: Broward	3. Date Incorporated or Qualifed: 03/08/1968 4. FEI Number: 59-1285334 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BRYAN, JAMES W.
3108 N.E. 27 STREET #202
FT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name: Phil Barone
82 Street Address (P.O. Box Number is Not Acceptable): 3100 N.E. 27 Street
83
84 City: Ft. Lauderdale **FL** 85 Zip Code: 33308

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: Phil Barone (Signature, typed or printed name of registered agent and title if applicable.) Phil Barone, Treasurer (NOTE: Registered Agent signature required when reinstating) 1/22/99 (DATE)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BRYAN, JAMES W.		1.2 NAME		
STREET ADDRESS	3108 N.E. 27 STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33308		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MAHLAND, JANET		2.2 NAME		
STREET ADDRESS	3103 N.E. 27 STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33308		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BARONE, PHIL		3.2 NAME		
STREET ADDRESS	3100 N.E. 27 STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33308		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	EDSTROM, GENE		4.2 NAME		
STREET ADDRESS	3108 N.E. 27 STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33308		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 James W. Bryan 1/22/99 (954) 772-7655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #