

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 719449 (1)

1. Corporation Name

BAY TREE CLUB ASSOCIATION, INC.



Principal Place of Business

8625 MIDNIGHT PASS ROAD
SARASOTA FL 34242

Mailing Address

8625 MIDNIGHT PASS ROAD
SARASOTA FL 34242

3. Date Incorporated or Qualified
10/05/1970

3a. Date of Last Report
03/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1306626

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUNCAN, JAN
8625 MIDNIGHT PASS ROAD
SARASOTA, FL
SARASOTA FL 34242

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

TITLE ~~P~~ ☒ DELETE
NAME JACK WALKER
STREET ADDRESS 8635 MIDNIGHT PASS RD.
CITY-ST-ZIP SARASOTA, FL 00000

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME D Stone, Mildred
1.3 STREET ADDRESS 8635 Midnight Pass
1.4 CITY-ST-ZIP SARASOTA, FL 34242

TITLE ~~DVP~~ ☐ DELETE
NAME TEKINER, ROSELLE
STREET ADDRESS 8625 MIDNIGHT PASS RD.
CITY-ST-ZIP SARASOTA, FL 00000

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Tekiner, Roselle
2.3 STREET ADDRESS 8625 Midnight Pass Rd
2.4 CITY-ST-ZIP SARASOTA, FL 34242

TITLE ~~D~~ ☒ DELETE
NAME SEAR, RICHARD
STREET ADDRESS 8625 MIDNIGHT PASS ROAD
CITY-ST-ZIP SARASOTA, FL 00000

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME Derstine, Richard
3.3 STREET ADDRESS 8635 Midnight Pass
3.4 CITY-ST-ZIP SARASOTA, FL 34242

TITLE ~~D~~ ☒ DELETE
NAME PLATT, ALFRED
STREET ADDRESS 8630 MIDNIGHT PASS RD
CITY-ST-ZIP SARASOTA, FL 00000

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME McHugh, Marlene
4.3 STREET ADDRESS 8625 Midnight Pass
4.4 CITY-ST-ZIP SARASOTA, FL 34242

TITLE ~~T~~ ☐ DELETE
NAME HODDICK, TAR
STREET ADDRESS 8625 MIDNIGHT PASS ROAD
CITY-ST-ZIP SARASOTA FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ~~S~~ ☐ DELETE
NAME MAREAN, HANK
STREET ADDRESS 8625 MIDNIGHT PASS ROAD
CITY-ST-ZIP SARASOTA FL

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/96 941-349-7373

CR2E037 (12/95)