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Feb 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
8625 MIDNIGHT PASS ROAD SARASOTA FL 34242	8625 MIDNIGHT PASS ROAD SARASOTA FL 34242-3850

3. Date Incorporated or Qualified: **10/05/1970**
3a. Date of Last Report: **02/01/1996**

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

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	STONE, MILDRED		1.2 NAME	
STREET ADDRESS	8635 MIDNIGTH PASS ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	TEKLNER, ROSELLE		2.2 NAME	
STREET ADDRESS	8625 MIDNIGHT PASS ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DERSTINE, RICHARD		3.2 NAME	
STREET ADDRESS	8635 MIDNIGHT PASS ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MCHUGH, MARLENE		4.2 NAME	
STREET ADDRESS	8625 MIDNIGHT PASS ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	5.1 TITLE	700002101857 ☐ Change ☐ Addition
NAME	HODDICK, TAR		5.2 NAME	-03/03/97--01016--012
STREET ADDRESS	8625 MIDNIGHT PASS ROAD		5.3 STREET ADDRESS	***61.25
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZIP	VB 2-28
TITLE	S	☒ DELETE	6.1 TITLE	S ☒ Change ☐ Addition
NAME	MAREAN, HANK		6.2 NAME	CARL Phillips
STREET ADDRESS	8625 MIDNIGHT PASS ROAD		6.3 STREET ADDRESS	8635 midnight Pass Rd
CITY-ST-ZIP	SARASOTA FL		6.4 CITY-ST-ZIP	SARASOTA FL 34242

CR2E037 (9/96)

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: [signature] T. B. HODDICK "TAR" 2/21/97 941-349-7373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0063745