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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

3. Date Incorporated or Qualified: 10/05/1970

4. FEI Number: 59-1306626 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) / 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) / (27)

City & State (23) / (28)

Zip (24) / Country (25) / Zip (29) / Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ 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 JANE WILLIAMS

82 Street Address (P.O. Box Number is Not Acceptable) 8625 MI

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	SECRETARY	☐ Change ☒ Addition
NAME	TEKLNER, ROSELLE		2.2 NAME	POWERS, ROBERT	
STREET ADDRESS	8625 MIDNIGHT PASS ROAD		2.3 STREET ADDRESS	8635 MIDNIGH PAES ROAD	
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	PRESIDENT	☒ 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	VICE PRESIDENT	☒ 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		☐ Change ☐ Addition
NAME	HODDICK, TAR		5.2 NAME		
STREET ADDRESS	8625 MIDNIGHT PASS ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	6.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	PHILLIP, CARL		6.2 NAME	WATSON, RICHARD	
STREET ADDRESS	8625 MIDNIGHT PASS ROAD		6.3 STREET ADDRESS	8625 MIDNIGH PASS ROAD	
CITY-ST-ZIP	SARASOTA FL		6.4 CITY-ST-ZIP	SARASOTA, FL	

CR2E037 (10/97)

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.

SIGNATURE: _____ APR 17 1998
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #