

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90027 013 \*\*\*\*61.25

0068158

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # 719449**

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/05/1970	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1306626	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

WILLIAMS, JANE  
 8625 MIDNIGHT PASS RD  
 SARASOTA, FL  
 SARASOTA FL 34242

10. Name and Address of New Registered Agent

81	Name	JAN DUNCAN	
82	Street Address (P.O. Box Number is Not Acceptable)	8625 MIDNIGHT PASS RD	
83			
84	City	SARASOTA	FL
85	Zip Code	34242	

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: Jan Duncan, Manager DATE: 3/8/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	MERRITT, WILLIAM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STONE, MILDRED	1.2 NAME	DIRECTOR
STREET ADDRESS	8635 MIDNIGHT PASS ROAD	1.3 STREET ADDRESS	8625 MIDNIGHT PASS RD
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	SARASOTA FL 34242
TITLE	S	2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POWERS, ROBERT	2.2 NAME	MURTHA, ROBERT
STREET ADDRESS	8635 MIDNIGHT PASS RD	2.3 STREET ADDRESS	8630 MIDNIGHT PASS RD
CITY-ST-ZIP	SARASOTA FL 34242	2.4 CITY-ST-ZIP	SARASOTA FL 34242
TITLE	P	3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DERSTINE, RICHARD	3.2 NAME	JOHNSTON, DOUG
STREET ADDRESS	8635 MIDNIGHT PASS ROAD	3.3 STREET ADDRESS	8630 MIDNIGHT PASS RD
CITY-ST-ZIP	SARASOTA FL 34242	3.4 CITY-ST-ZIP	SARASOTA FL 34242
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODDICK, TAR	5.2 NAME	
STREET ADDRESS	8625 MIDNIGHT PASS ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34242	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, RICHARD	6.2 NAME	WATSON, RICHARD
STREET ADDRESS	8625 MIDNIGHT PASS RD	6.3 STREET ADDRESS	8625 MIDNIGHT PASS RD
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP	SARASOTA FL 34242

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: Richard D. Derstine DATE: 3/8/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)