2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State
05-09-2000 90005 038 ****61.25

DOCUMENT # 719449

1. Entity 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 34242-3855

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Same	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country: SARASOTA	Zip / Country: SARASOTA

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

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

6. Name and Address of Current Registered Agent

DUNCAN, JAN
8625 MIDNIGHT PASS RD
SARASOTA FL 34242

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ VP MERRITT, WILLIAM 8625 MIDNIGHT PASS RD SARASOTA FL 34242	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Barbara Loveridge 8630 Midnight Pass Rd Sarasota FL 34242	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S POWERS, ROBERT 8635 MIDNIGHT PASS RD SARASOTA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~S~~ T Booth Haddick 8625 Midnight Pass Rd Sarasota FL 34242	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DERSTINE, RICHARD 8635 MIDNIGHT PASS ROAD SARASOTA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Lynn Spellacy 8630 Midnight Pass Rd Sarasota FL 34242	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTHA, ROBERT 8635 MIDNIGHT PASS RD SARASOTA FL 34242	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSTON, DOUG 8630 MIDNIGHT PASS RD SARASOTA FL 34242	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~ D WATSON, RICHARD 8625 MIDNIGHT PASS RD SARASOTA FL 34242	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] B Haddick 4/26/00 941-349-7373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #