

# 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 # **732569**

(9)

1. Corporation Name

**BAHIA BEACH YACHT CLUB, INC.**



Principal Place of Business

Mailing Address

P.O. BOX 846  
RUSKIN FL 33570

P.O. BOX 846  
RUSKIN FL 33570

3. Date Incorporated or Qualified

**04/25/1975**

3a. Date of Last Report

**04/18/1995**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRICK, FRANCES  
804 LEISEY CIRCLE S.W.  
RUSKIN FL 33570**

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	<del>DELETE</del>
NAME	SALAY, WILLIAM	
STREET ADDRESS	P.O. BOX 1803 N/A	
CITY-ST-ZIP	BRANDON FL	
TITLE	V	<del>DELETE</del>
NAME	DIXON, MAUREEN	
STREET ADDRESS	NUTMEG DRIVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FROCK, FRANCES	
STREET ADDRESS	804 LEISEY CIRCLE SW	
CITY-ST-ZIP	RUSKIN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PHILLIPS, RICHARD	
STREET ADDRESS	404 STONEHAM DR	
CITY-ST-ZIP	SUNCITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRICK, WALTER	
STREET ADDRESS	804 LEISEY CIRCLE SW	
CITY-ST-ZIP	RUSKIN FL	
TITLE	S	<del>DELETE</del>
NAME	PARKER, LINDA	
STREET ADDRESS	P.O. BOX 204 N/A	
CITY-ST-ZIP	VENICE FL	

1.1 TITLE	P	<del>CHANGE</del> <input type="checkbox"/> ADDITION
1.2 NAME	DIXON, MAUREEN	
1.3 STREET ADDRESS	NUTMEG DRIVE	
1.4 CITY-ST-ZIP	SARASOTA	
2.1 TITLE	V	<del>CHANGE</del> <input checked="" type="checkbox"/> ADDITION
2.2 NAME	R. ELLIS TAYLOR	
2.3 STREET ADDRESS	810 SEN BRIDGE DRIVE	
2.4 CITY-ST-ZIP	RUSKIN FL 33570	
3.1 TITLE	T	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
3.2 NAME	FRICK - FRANCES	
3.3 STREET ADDRESS	804 Leisey Cir.	
3.4 CITY-ST-ZIP	RUSKIN FL	
4.1 TITLE	D	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
4.2 NAME	PHILLIPS RICHARD	
4.3 STREET ADDRESS	404 STONE HAM DR	
4.4 CITY-ST-ZIP	SUN CITY CENTER FL	
5.1 TITLE	D	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
5.2 NAME	FRICK, Walter	
5.3 STREET ADDRESS	804 Leisey Cir.	
5.4 CITY-ST-ZIP	RUSKIN FL	
6.1 TITLE	S	<input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION
6.2 NAME	BOWDITCH, Catherine	
6.3 STREET ADDRESS	4019 EAGLE NOSE DRIVE	
6.4 CITY-ST-ZIP	VAHRIE FL 33594	

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 #

CR2E037 (12/95)