FILE NOW: FILING FEE IS \$61.25

May 06 1998 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Søndra S. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #**1. Corporation Name (9)732569 BAHIA BEACH YACHT CLUB, INC. Principal Place of Business Mailing Address P.O. BOX 846 P.O. BOX 846 3. Date Incorporated or Qualified RUSKIN FL 33570 RUSKIN FL 33570 04/25/1975 4. FEI Number Applied For <u>59-1607988</u> Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 27 Added to Fees 22 City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No 28 Ζiρ Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 20 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FRICK, FRANCES Street Address (P.O. Box Number is Not Acceptable) 804 LEISEY CIRCLE S.W. 83 RUSKIN FL 33570 84 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS HERZ

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| Line | L 12. OFFICERS AND DIRECTORS 13. DELETE TITLE 1.1 TITLE Apollo Beach BOWDITCH, BENSON 1.2 NAME NUME CR2E037 **4019 EAGLE NEST DR** 1.3 STREET ADDRESS STREET ADDRESS VALRICO FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Vice Pres. DELETE TITLE 2.1 TITLE **GRUNDLINGH, PENNY** NAME 2.2 NAME 3301 SEAGRAPE DR STREET ADDRESS 2.3 STREET ADDRESS **RUSKIN FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Addition TIFLE 3.1 TITLE FRIEN, FRANCES 3 2 NAME NAME **804 LEISEY CIRCLE SW** 3.3 STREET ADDRESS STREET ADDRESS **RUSKIN FL** CITY-ST-ZIP 3.4. CITY-ST-ZIP Change DELETE TITLE 4.1 TITLE Addition NAME PHILLIPS, RICHARD Thus JEHORNE STREET ADDRESS **404 STONEHAM DR** 4.3 STREET ADDRESS RULKIN FL DIRECTOR ALBN GENGIER SUNCITY FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE TITLE GRUNDLINGH, VINCENT 5.2 NAME NAME 3301 SEA GRAPE DR STREET ADDRESS 5.3 STREET ADDRESS BRENDO MURPH BRENDO BLACK **RUSKIN FL** 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE BOWDITCH, CATHERINE . 6.2 NAME NAME STREET ADDRESS 4019 EAGLE NEST DR 6.3 STREET ADDRESS **VALRICO FL** 6.4 CITY-ST-ZIP CITY-ST-ZIP 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 ennual 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.

BURNITH REQUIRED

SIGNATURE:

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