FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 735668 (6)

1. Corporation Name

BAY ISLES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3174 GULF OF MEXICO DRIVE P O BOX 9228 LONGBOAT KEY FL 34228	3174 GULF OF MEXICO DRIVE P O BOX 9228 LONGBOAT KEY FL 34228

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/26/1976	3a. Date of Last Report: 04/12/1994
4. FEI Number: 59-1695122	☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CALLANS, BETH
3174 GULF OF MEXICO DR
LONGBOAT KEY FL 34228

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____
Signature, type or print name of registered agent and title if applicable — DATE: Registered Agent signature required after January 1 — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	SANDEFUR, JOHN	12 NAME	Stuart Elvin	
STREET ADDRESS	3174 GULF OF MEXICO DR	13 STREET ADDRESS	3174 Gulf of Mex	
CITY ST ZIP	LONGBOAT KEY FL	14 CITY ST ZIP	LK, Longboat Key, FL 34228	
TITLE	~~VPD~~ PD	21 TITLE	D	☒ Change ☐ Addition
NAME	BLEYER, BOB	22 NAME	Murray Goldberg	
STREET ADDRESS	3174 GULF OF MEXICO DR	23 STREET ADDRESS	3174 Gulf of Mex Dr.	
CITY ST ZIP	LONGBOAT KEY FL	24 CITY ST ZIP	Longboat Key, FL 34228	
TITLE	S	31 TITLE	D	☒ Change ☐ Addition
NAME	WELCH, JOYCE	32 NAME	Joycehale	
STREET ADDRESS	3174 GULF OF MEXICO DR	33 STREET ADDRESS	3174 Gulf of Mexico Dr.	
CITY ST ZIP	LONGBOAT KEY FL	34 CITY ST ZIP	LK, Boat Key, FL 34228	
TITLE	T	41 TITLE	D	☐ Change ☒ Addition
NAME	KOPECK, ROBERT	42 NAME	Robert Kopeck	
STREET ADDRESS	3174 GULF OF MEXICO DR	43 STREET ADDRESS	3174 Gulf of Mexico Dr.	
CITY ST ZIP	LONGBOAT KEY FL	44 CITY ST ZIP	LK, Boat Key, FL 34228	
TITLE	D	51 TITLE	D	☐ Change ☒ Addition
NAME	STOVROFF, MORTON	52 NAME	Morton Stov	
STREET ADDRESS	3174 GULF OF MEXICO DR	53 STREET ADDRESS	3174 Gulf of Mexico Dr.	
CITY ST ZIP	LONGBOAT KEY FL	54 CITY ST ZIP	LK, Boat Key, FL 34228	
TITLE	D	61 TITLE	D	☐ Change ☒ Addition
NAME	EAGAN, SHANE	62 NAME	Walter Shane	
STREET ADDRESS	3174 GULF OF MEXICO DR	63 STREET ADDRESS	3174 Gulf of Mexico Dr.	
CITY ST ZIP	LONGBOAT KEY FL	64 CITY ST ZIP	Longboat Key, FL 34228	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exception 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 above, or on an attachment with an address.

SIGNATURE: _____ 4/11/95 813 383-2482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000301B