

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91035 033 ****61.25

DOCUMENT # 735668

1. Entity Name
BAY ISLES ASSOCIATION, INC.



Principal Place of Business
**BETH CALLANS MGMT CORP.
595 BAY ISLES RD SUITE #201
LONGBOAT KEY, FL 34228**

Mailing Address
**BETH CALLANS MGMT CORP.
595 BAY ISLES RD SUITE #201
LONGBOAT KEY, FL 34228**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04112004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number

59-1695122

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LISTON, DAVID
BETH CALLANS MGMT CORP
595 BAY ISLES RD SUITE 201
LONGBOAT KEY, FL 34228**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JURGENS, RON
1560 HARBOR SOUND DR
LONGBOAT KEY, FL 34228** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D.
Levine, William
604 Weston Pointe Court
Longboat Key, FL 34228** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
GOLDBERG, MURRAY
3502 MISTLETOE LANE
LONGBOAT KEY, FL 34228** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Katz, Erwin
3406 Winding Oaks Dr.
Longboat Key, FL 34228** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
MEDVIN, HENRY
3455 WINDING OAKS DR
LONGBOAT KEY, FL 34228** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Deber, Richard
2120 Harbourside Dr. #618
Longboat Key, FL 34228** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
LANGTON, BRYAN
3632 FAIR OAKS PL
LONGBOAT KEY, FL 34228** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
"SPOLL", GEORGE
1900 HARBOURSIDE DR
LONGBOAT KEY, FL 34228** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COYNE, ROBERT
3070 GRAND BAY BLVD #635
LONGBOAT KEY, FL 34228** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D.
Flatow, David
3030 Grand Bay Blvd. #351
Longboat Key, FL 34228** ☐ Change ☒ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/04