FILE NOW: FILING FEE IS $61.25

0065152

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **735669**

1. Corporation Name

BAY ISLES HARBOR ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2262 GULF GATE DRIVE SARASOTA FL 34231	2262 GULF GATE DRIVE SARASOTA FL 34231

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

3. Date Incorporated or Qualifed: 04/26/1976

4. FEI Number: 59-1685117 ☐ 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

9. Name and Address of Current Registered Agent

JURGENS, RON
1560 HARBOR SOUND 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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JURGENS, RON		1.2 NAME		
STREET ADDRESS	1560 HARBOR SOUND DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY FL		1.4 CITY-ST-ZIP		
TITLE	VDP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ALBIEZ, ROBERT		2.2 NAME		
STREET ADDRESS	520 HARBOR COVE CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY, FL 00000		2.4 CITY-ST-ZIP		
TITLE	TD	X DELETE	3.1 TITLE		XX Change ☐ Addition
NAME	SCHNELL, EUGENE		3.2 NAME		
STREET ADDRESS	P.O. BOX 9810 N/A		3.3 STREET ADDRESS	FANGMEYER, DANIEL 1621 HARBOR CAY LANE	
CITY-ST-ZIP	LONGBOAT KEY, FL 00000		3.4 CITY-ST-ZIP	LONGBOAT KEY, FL 34228	
TITLE	SD	☐ DELETE	4.1 TITLE		XX Change ☐ Addition
NAME	WEAVER, JOHN		4.2 NAME		
STREET ADDRESS	1450 HARBOR SOUND DR.		4.3 STREET ADDRESS	WATSON, MARTIN 531 HARBOR GATE WAY	
ST ZIP	LONGBOAT KEY, FL 00000		4.4 CITY-ST-ZIP	LONGBOAT KEY, FL 34228	
	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
	NOTARI, TERRY		5.2 NAME		
	1600 HARBOR CAY LANE		5.3 STREET ADDRESS		
ST ZIP	LONGBOAT KEY FL		5.4 CITY-ST-ZIP		
	DS	X DELETE	6.1 TITLE		☐ Change ☐ Addition
	HULDERMAN, ROBERT		6.2 NAME	N/A	
	1561 HARBOR CAY LANE		6.3 STREET ADDRESS		
ST ZIP	LONGBOAT KEY FL		6.4 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4-15-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)