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 APR 27 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 738251 (8)

1. Corporation Name
BAY ISLES BAYOU ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 8036 LONGBOAT KEY FL 34228	P.O. BOX 8036 LONGBOAT KEY FL 34228

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/03/1977
3a. Date of Last Report: 03/23/1994
4. FEI Number: 59-1790614 ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent

BRITTON, SAMUEL L.
3391 BAYOU SOUND
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☒ Change ☐ Addition
NAME	TONNER, GERALD	12 NAME	Johnson, Jerry	
STREET ADDRESS	3540 BAYOU CIRCLE	13 STREET ADDRESS	3281 Bayou Road	
CITY-ST-ZIP	LONGBOAT KEY FL	14 CITY-ST-ZIP	Longboat Key, FL 34228	
TITLE	DTV	21 TITLE	DT	☒ Change ☐ Addition
NAME	STRASSER, AL	22 NAME	Abrams, Marvin	
STREET ADDRESS	3395 BAYOU LANE	23 STREET ADDRESS	3300 Bayou Road	
CITY-ST-ZIP	LONGBOAT KEY FL	24 CITY-ST-ZIP	Longboat Key, FL 34228	
TITLE	DP	31 TITLE	DP	☒ Change ☐ Addition
NAME	BRITTON, SAMUEL	32 NAME	Dixon, John	
STREET ADDRESS	3391 BAYOU SOUND	33 STREET ADDRESS	3471 Bayou Sound	
CITY-ST-ZIP	LONGBOAT KEY FL	34 CITY-ST-ZIP	Longboat Key, FL 34228	
TITLE	DS	41 TITLE	DVS	☒ Change ☐ Addition
NAME	JANNEY, SUZANNE	42 NAME	Lunn, Jeanie	
STREET ADDRESS	3651 BAYOU CIRCLE	43 STREET ADDRESS	3571 Bayou Circle	
CITY-ST-ZIP	LONGBOAT KEY FL	44 CITY-ST-ZIP	Longboat Key, FL 34228	
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	KRINSK, ARNOLD	52 NAME	Britton, Roselyn	
STREET ADDRESS	3386 BAYOU LANE	53 STREET ADDRESS	3391 Bayou Sound	
CITY-ST-ZIP	LONGBOAT KEY FL	54 CITY-ST-ZIP	Longboat Key, FL 34228	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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.

SIGNATURE: Marvin D. Abrams, M.D. 4/20/95 (813) 383-1988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0063008