FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

ł ·	MENT # 745916 R BAY II OWNER'S ASSOCI				AFAK AJAN BARU BURU BURU 1884
Principal Place	o of Business	Mailing Address			Disk bigh bigh bigh bigh iss
1570 US 1 1570 US 1		1570 US 1 SEBASTIAN FL 32968-3831			
				3. Date Incorporated or Qualified 3a. 02/12/1979	Date of Last Report 03/05/1996
2. Principal Pi 21	lace of Business	2a. Mailing Address		4. FEI Number 59-2159416	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	9	City & State	·····	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangil	ble tax under s. 199.032,
24	25 9. Name and Address of Current	Pagistered Agent	30	Florida Statutes Yes 10. Name and Address of New Registers	
	J. 114111 4114 77441755 41 44111		81 Name		
NOHR, PHILIP F , ATTORNEY 1800 W. HIBISCUS BLVD			82 Street	Address (P.O. Box Number Is Not Acceptable)	
SUITE 13	38		83		
MELBOU	IRNE FL 32902		84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statu	tes, the above-named	corporation submits this statement for the purpose	of changing its registered
agent. La	m familiar with, and accept the obligat	tions of, Section 617.0503, Fl	orida Statutes.	poration's board of directors. I hereby accept the a	pereragas as memmuodo,
SIGNATURE	Signature, typed or printed name of registered agent	t and title if Applicable (NO)	E: Registered Agent signature	required when reinstaling) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	β	☐ DELETE	1.1 TITLE	7	Change Addition
NAME	ABRAM, MAX		1.2 NAME	FRANK SCHWEITZER	
STREET ADDRESS	844 WESTPORT DR		1.3 STREET ADDRESS	1256 WINDING MEADOWS	
CITY-ST-ZIP	ROCKLEDGE FL	N DELETE	1.4 CITY-ST-ZIP	ROCKLEDGE, FL 32955	Change Addition
TITLE	ANIMACE A OLUE	DELETE	2.1 TITLE	D SUPER SUIFE	Change M Addition
NAME	NIMKOFF, LOUIS P.O. BOX 2356 N/A		2.2 NAME	MARGARET FULLER 827 MARLOWE AVE.	
STREET ADDRESS	WINTER PARK FL		2.3 STREET ADDRESS	ORLANDO, FL 32809	
CITY - ST - ZIP TITLE	S	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	D	Change Addition
NAME	LEDBETTER, JAMES			MONAGE GLIDEWELL	
STREET ADDRESS	508 ELEITHERA LANE		3.3 STREET ADDRESS	1760 MAIN SAIL ST.	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL		3.4. CITY - ST - ZIP	SEBASTIAN, FL 32958	
TITLE	V	☐ DELETE	4.1 TITLE	D	Change Addition
NAME	BURR, FERN		4. 2 NAME	CORNELIUS BROOKS	
STREET ADDRESS	PO BOX 950369 N/A		4.3 STREET ADDRESS	2035 MCKINLEY AVE.	
CHY-ST-ZIP	LAKE MARY FL		4.4 CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE	AST	DELETE	5.1 TITLE	,	Change Addition
NAMé	BLAHNIK, DALE		5.2 NAME		
STREET ADDRESS	3035 PAR DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL	DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE	D Hughes, Mary J	T acreig	6.1 TITLE 6.2 NAME		T cliente Ti vocition
NAME CTOSS ADDOSES	1437 SUWANNE ROAD		1		
STREET ADDRESS	DAYTONA BEACH FL		6.3 STREET ADDRESS		
C(TY-ST-ZIP	by cartily that the information symplical	with this filing does not qual	6.4 CITY-ST-ZIP ify for the exemption s	tated in Section 119.07(3)(i), Florida Statutes. I furt	ther certify that the
I informatio	on indicated on this annual report of sufficer or director of the corporation or I n Block 12 or prock 13 if changed, or	opplemental annual report is the receiver or trustee emboy	rua and accurate and vered to execute this i	that my signature shall have the same legal effect report as required by Chapter 617, Florida Statutes	t as if made under oath; that ;; and that my name

SIGNATURE:

ONATURE AND TYPED ON PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

spil 10,1997

Daytime Phone # 0020333

3PZE037 (9/96)

FILED

Apr 18 1997 8:00am

Secretary of State