FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED
95 APR 26 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # 754392 (9)

1. Corporation Name
BAY INDIES RESIDENTS PROTECTIVE ASSOCIATION, INC

Principal Place of Business	Mailing Address
~~930 INAGUA~~ VENICE FL 34292	~~930 INAGUA~~ VENICE FL 34292

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/26/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 50-1977510 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1221 N. INDIES CIR	26 1221 N. INDIES CIR
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 VENICE FL	City & State 28 VENICE FL
Zip 24 34292 Country 25 SARASOTA	Zip 29 34292 Country 30 SARASOTA

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	10. Name and Address of New Registered Agent
HUFFMIRE, MARION 1221 N INDIES CIRCLE VENICE FL 34292	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 _____ 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	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	MATHEWS, GEORGE JR.	1.2 NAME	GENSKE, RICHARD	
STREET ADDRESS	1172 JUANITA CIRCLE	1.3 STREET ADDRESS	933 YABOR AVE	
CITY-ST-ZIP	VENICE FL	1.4 CITY-ST-ZIP	VENICE FL 34292	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	BUSCHMANN, EDWARD	2.2 NAME		
STREET ADDRESS	928 DESIRADE AVE.	2.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	BUSCHMANN, LAURETTE	3.2 NAME		
STREET ADDRESS	928 DESIRADE AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 00000	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	HART, RALPH	4.2 NAME	DARRINGTON, EDWARD	
STREET ADDRESS	930 INAGUA AVE.	4.3 STREET ADDRESS	940 BONAIRE	
CITY-ST-ZIP	VENICE, FL 00000	4.4 CITY-ST-ZIP	VENICE FL 34292	
TITLE	TD	5.1 TITLE		☐ Change ☐ Addition
NAME	HUFFMIRE, MARION	5.2 NAME		
STREET ADDRESS	1221 N INDIES CIR	5.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	VP	☐ Change ☒ Addition
NAME		6.2 NAME	HOWARD, RICHARD	
STREET ADDRESS		6.3 STREET ADDRESS	957 ORINOCO	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	VENICE FL 34292	

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: Marion Huffmire 4/19/95 (813) 488-0567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARION HUFFMIRE

0064416