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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **754392** (9)
1. Corporation Name
BAY INDIES RESIDENTS PROTECTIVE ASSOCIATION, INC



Principal Place of Business 1189 S INDIES CIRCLE VENICE FL 34292 US	Mailing Address 1189 SOUTH INDIES CIRCLE VENICE FL 34292 US
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2. Principal Place of Business 21 950 RIDGEWOOD AVE Suite, Apt. #, etc. 22 40 B.I.R.P.A. INC City & State 23 VENICE FL Zip 24 34292	2a. Mailing Address 26 950 RIDGEWOOD AVE Suite, Apt. #, etc. 27 40 B.I.R.P.A. INC City & State 28 VENICE FL Zip 29 34292 Country 30 USA
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3. Date Incorporated or Qualified 09/26/1980	4. FEI Number 50-1977510	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent ROBERT DEERING 1189 SOUTH INDIES CIRCLE VENICE FL 34292	10. Name and Address of New Registered Agent 81 Name FRED K. FULTON 82 Street Address (P.O. Box Number is Not Acceptable) 933 WINDEMERE AVE 83 84 City VENICE FL 85 Zip Code 34292
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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 *Fred K. Fulton* **FRED K. FULTON TREAS.** DATE **1-27-98**
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 NAME STREET ADDRESS CITY-ST-ZIP	PD HORN, ALBERT 929 MONTEGO AVE VENICE FL <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANGLE, BARBARA 442 BIMINI AVE VENICE FL <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BUSCHMANN, LAURETTE 928 DESIRADE AVE VENICE, FL 00000 <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEHANICK, RUTH 931 HAITI AVE VENICE FL <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROBERT DEERING 1189 SO INDIES CIRCLE VENICE FL <input checked="" type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME FRED K. FULTON 5.3 STREET ADDRESS 933 WINDEMERE AVE 5.4 CITY-ST-ZIP VENICE FL 34292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FERLAND, CLEMENT 921 WINDEMERE AVE VENICE FL <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. 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.

SIGNATURE: *Fred K. Fulton* **FRED K. FULTON** DATE **1-27-98** TELEPHONE **941-486-8804**
Signature typed or printed name of signing officer or director

CR2E037 (10/97)