

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90006 004 ****61.25

0069182

DOCUMENT # 754392

1. Corporation Name

BAY INDIES RESIDENTS PROTECTIVE ASSOCIATION, INC

Principal Place of Business

950 RIDGEWOOD AVE
C/O B I R P A INC
VENICE FL 34292
US

Mailing Address

950 RIDGEWOOD AVE
C/O B I R P A
VENICE FL 34292
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

09/26/1980

4. FEI Number

50-1977510

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

ROBERT DEERING
1189 SOUTH INDIES CIRCLE
VENICE FL 34292

10. Name and Address of New Registered Agent

81 Name

FRED FULTON

82 Street Address (P.O. Box Number is Not Acceptable)

83

933 WINDEMERE AVE

84 City

VENICE

FL

85 Zip Code
34292

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 Fulton

2-9-99

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME HORN, ALBERT
STREET ADDRESS 929 MONTEGO AVE
CITY-ST-ZIP VENICE FL

TITLE VD ☐ DELETE
NAME ANGLE, BARBARA
STREET ADDRESS 442 BIMINI AVE
CITY-ST-ZIP VENICE FL

TITLE SD ☐ DELETE
NAME BUSCHMANN, LAURETTE
STREET ADDRESS 928 DESIRADE AVE
CITY-ST-ZIP VENICE, FL 00000

TITLE D ☐ DELETE
NAME PEHANICK, RUTH
STREET ADDRESS 931 HAITI AVE
CITY-ST-ZIP VENICE FL

TITLE TD ☐ DELETE
NAME FULTON, FRED K
STREET ADDRESS 933 WINDERMERE AVE
CITY-ST-ZIP VENICE FL 34292

TITLE VD ☐ DELETE
NAME FERLAND, CLEMENT
STREET ADDRESS 921 WINDEMERE AVE
CITY-ST-ZIP VENICE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Fred Fulton REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-9-99

Daytime Phone #

941-485-8804

CR2E037 (11/98)