


FILE NOW: FILING FEE IS \$61.25

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**Apr 27 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 764807 (4)

1. Corporation Name
BAY WINDS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business % ERIC B. ROBERTSON 7707- 17TH AVENUE WEST BRADENTON FL 34209	Mailing Address % ERIC B. ROBERTSON 7707- 17TH AVENUE WEST BRADENTON FL 34209
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3. Date Incorporated or Qualified 09/02/1982	
4. FEI Number NOT APPLICABLE	Applied For <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 109 10th St. N. #121
22 City & State	27
23	28 BRADENTON BEACH, FL
24 Zip	29 34217
25 Country	30 USA

9. Name and Address of Current Registered Agent

**ROBERTSON, ERIC B
7707-17TH AVENUE WEST
BRADENTON FL 33529**

10. Name and Address of New Registered Agent

81 Name	CHERYL LYCANS
82 Street Address (P.O. Box Number is Not Acceptable)	109 10th St. N. #121
83	
84 City	BRADENTON BEACH, FL
85 Zip Code	34217

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 Cheryl Lycans (CHERYL LYCANS) DATE **4/17/98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	APAIR, DOUGLAS	
STREET ADDRESS	P.O BOX 748 HINTON MRG N/A	
CITY-ST-ZIP	DALLAS TE	
TITLE	SD LYCANS	<input type="checkbox"/> DELETE
NAME	LYANS, CHERYL	
STREET ADDRESS	2070 RINGLING BOULEVARD	
CITY-ST-ZIP	SARASOTA FL 34237 - BRADENTON BEACH, FL 34217	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROBERTSON, ERIC B	
STREET ADDRESS	7707 17TH AVE. W.	
CITY-ST-ZIP	BRADENTON FL 34217	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ST
2.3 STREET ADDRESS	109 10th St. N. #121
2.4 CITY-ST-ZIP	BRADENTON BEACH, FL 34217
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PD
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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: Cheryl Lycans DATE: **4/17/98** (M.V.) 366-7550

CR2E037 (10/97)