FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
95 APR 12 PM 12:13

DOCUMENT # **770693** **(0)**

1. Corporation Name
BON AIRE YACHT CLUB CONDOMINIUM ASSOCIATION, INC

Principal Place of Business	Mailing Address
188 LAKE DR PALM BEACH SHORES FL 33404	189 LAKE DR PALM BEACH SHORES FL 33404

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/11/1983
3a. Date of Last Report: 06/23/1994
4. FEI Number: 59-2340240 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 | 2a. Mailing Address 26
Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27
City & State 23 | City & State 28
Zip 24 | Country 25 | Zip 29 | Country 30

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

MILLS, THOMAS R.
178 LAKE DRIVE
PALM BEACH SHORES FL 33404

10. Name and Address of New Registered Agent

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: Thomas R. Mills THOMAS R. MILLS - DIRECTOR 4-3-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MILLS, ELZANA	12 NAME	
STREET ADDRESS	188 LAKE DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH SHORES FL	14 CITY-ST-ZIP	
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	MILLS, JOAN P.	22 NAME	
STREET ADDRESS	188 LAKE DR.	23 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH SHORES FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	MILLS, RUSSELL T.	32 NAME	
STREET ADDRESS	188 LAKE DR.	33 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH SHORES FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	MILLS, THOMAS R.	42 NAME	
STREET ADDRESS	188 LAKE DR.	43 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH SHORES FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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: Thomas R. Mills THOMAS R. MILLS (407)848-7469 4-3-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00708108