

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90082 044 ****61.25

DOCUMENT # N13608

1. Entity Name
BAY ISLAND MARINA ASSOCIATION, INC.



Principal Place of Business
**C/O BERNSTEIN, HARVEY S.
7500 SUN ISLAND DR. S.
SO. PASADENA, FL 33707**

Mailing Address
**2000 DOLPHIN BLVD. SOUTH
ST. PETERSBERG, FL 33707-3812**

40007907



01052006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2674878

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BERNSTEIN, HARVEY S.
2000 DOLPHIN BLVD S.
SAINT PETERSBURG, FL 33707-3812**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME WOERNER, ALFRED
STREET ADDRESS 7560 BAY ISLAND DR, #348
CITY-ST-ZIP SOUTH PASADENA, FL

TITLE S ☐ Delete
NAME SNARE, RICHARD
STREET ADDRESS 7910 SUN ISLAND DR #105
CITY-ST-ZIP SAINT PETERSBURG, FL 33707

TITLE T ☐ Delete
NAME BERNSTEIN, HARVEY S.
STREET ADDRESS 2000 DOLPHIN BLVD S.
CITY-ST-ZIP SAINT PETERSBURG, FL 337073812

TITLE VP ☐ Delete
NAME BRICKMEIER, ART
STREET ADDRESS 7665 SUN ISLAND DR. #353
CITY-ST-ZIP S. PASADENA, FL 33707

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME **TONY GAGLIARDO**
STREET ADDRESS **7540 BAY ISLAND DR S**
CITY-ST-ZIP **SO PASADENA FL 33707**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/06 7273479387