SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/5/95: $150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $700)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 AUG -2 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000001201 (2)**

1. Corporation Name
BAHAMA VILLAGE BUSINESS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
302 ANGELA STREET KEY WEST FL 33040	302 ANGELA STREET KEY WEST FL 33040

3. Date Incorporated or Qualified: 03/10/1994
3a. Date of Last Report: N/A
4. FEI Number: 65-0485195 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. *This corporation has liability for intangible tax under s. 199.032, Florida Statutes* ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

BEYER, ROBERT S
302 ANGELA STREET
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name: Robert S. Beyer
82 Street Address (P.O. Box Number is Not Acceptable): 302 Angela St.
83
84 City: KEY WEST FL 85 Zip Code: 33040

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: R S. Beyer 7-26-95
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	☐ Change ☐ Addition
TITLE	DP	1.1 TITLE	
NAME	BEYER, ROBERT S	1.2 NAME	
STREET ADDRESS	302 ANGELA STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL 33040	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	
NAME	KEPHART, LYNN	2.2 NAME	
STREET ADDRESS	728 DUVAL STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL 33040	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	
NAME	CROCKETT, CORINNE	3.2 NAME	
STREET ADDRESS	729 THOMAS ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL 33040	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	
NAME	SCHULTE, MICHAEL	4.2 NAME	
STREET ADDRESS	810 THOMAS ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL 33040	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	BUTLER, ROBERT	5.2 NAME	
STREET ADDRESS	209 JULIA ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL 33040	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	GUY, VERONICA	6.2 NAME	
STREET ADDRESS	720 THOMAS ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL 33040	6.4 CITY-ST-ZIP	

CR2E037 (3/95)

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)(k), 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: R S. Beyer ROBERT S. BEYER 6-4-95 3052944480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006483