SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.) NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State **DIVISION OF CORPORATIONS** 1996 N95000002610 (2) DOCUMENT # BAY COLONY MARINA ASSOCIATION, INC. Mailing Address Principal Place of Business 500 BAY COLONY DR N 500 BAY COLONY DR N JUNO BEACH FL 33408 JUNO BEACH FL 33408 05/26/1995 Kepvil Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Added to Fees Trust Fund Contribution 26 23 This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No Country Zip Country 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent HABBIS, J. RICHARD Number is Not Acceptable) 82 olony 1480 POA BLYD 83 SHITE-SUIT BOAHM BEACH GARDENS FL 33410> 84 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 egistered 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 far uier with any accept the obligations of Section 617 0503, Florida Statutes. eman SIGNATURE (NOTE: Registered Agent signature required when reinstating) (3/96) ADDITIONS/CHANGES TO OFFICERS AND DIBECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TITLE HORRISSEY, TOM 1.2 NAME NAME 100 Boy Colony 4700 MARKET ST 1.3 STREET ADDRESS STREET ADDRESS JUNO BLACK, Flac PHILADELPHIA PA-19013 1.4 CITY - ST - ZIP CITY - ST - ZIP Addition DELETE 2.1 TITLE SD TITLE Joan Fillaramo 2.2 NAME WIDMAYER, TED NAME Tuno Beach, Ho. 2.3 STREET ADDRESS 124-N-BAY-DOLONY DR STREET ADDRESS 2.4 CITY-ST-ZIP JUNG BEACH FL 33408 CITY-ST-ZIP Addition 3.1 TITLE DELETE TD TITLE 32 NAME BATEMAN, J.B. NAME 3.3 STREET ADDRESS 525 N BAY COLONY DR STREET ADDRESS 3.4. CITY - ST- ZIP JUNO BEACH FL 33408 CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY - ST- ZIP CITY-ST-ZIP Addition Change DELETÉ 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP 700001899427^{change} -07/19/96--01027--040 Addition DELETE 6.1 TITLE TITLE 62 NAME NAME ***61.25 6.3 STREET ADDRESS STREET ADDRESS 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 appears.

SIGNATURE REQUIRE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: