FILE NOW: FILING FEE IS \$61.25

May 06 1998 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 N95000005481 (5) DOCUMENT # BAHAMA BAY CLUB CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 1121 SWALLOW AVENUE 7736 JEWEW LNE 3. Date incorporated or Qualified MARCO ISLAND FL 33937 11/17/1995 NAPLES FL 34109 4. FEI Number Applied For 65-0691390 Not Applicable 2. Principal Place of Business 2a. Malling Address \$8.75 Additional 5. Certificate of Status Desired 6838 Lopland 21 Fee Required Sulte, Apt. #, etc. Sulte, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be #103 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No 23 Japles Zip Country Country 8. This corporation owes or has paid the current year Intangible US 24 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 AMATO, LOUIS X 82 Street Address (P.O. Box Number le Not Acceptable)/ 350 FIFTH AVENUES., SUITE 200 83 NAPLES FL 33940 84 Zip Code 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, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

SIGNATURE e of registered agent and title II applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITLE 1.1 TITLE NAME BESSER, CHRISTIAN VON 1.2 NAME E037 6838 Lambana Bridge 7736 JEWEH LN, 102 STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL CITY-ST-ZIF 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE NAME GRIES, NADINE 2.2 NAME STEIN STR. 2, 63825 SCHOELLKRIPPEN 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Channe Addition TITLE 31 TITLE GRIES, HEIKO MAME 3.2 NAME STEIN STR. 2, 63825 SCHOELLKRIPPEN 3.3 STREET ADORESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP Change DELETE 4.1 TITLE Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZW DELETE Change ☐ Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADORESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. Thereby certify that the information supplied with this filling 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:

(94) 574 9606

CITY-ST-ZIP

SIGNATURE:

FILED