FILE NOW: FILING FEE AFTER [illegible] IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P95000069430 (3)

1. Corporation Name

BAY DESIGN RESIDENTIAL, INCORPORATED

Principal Place of Business
2367 TRADE CENTER WAY
NAPLES FL 33942

Mailing Address
2367 TRADE CENTER WAY
NAPLES FL 33942

3. Date Incorporated or Qualified: 09/05/1995
3a. Date of Last Report:

4. FEI Number: 65-0610006 ☐ 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

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	5400 YAHL ST	26	5400 YAHL ST
Suite, Apt. #, etc 22	STE C	Suite, Apt. #, etc 27	STE C
City & State 23	NAPLES, FLORIDA	City & State 28	NAPLES, FLORIDA
Zip 24	33942-1910	Zip 29	33942-1910
Country 25	U.S.A.	Country 30	U.S.A.

9. Name and Address of Current Registered Agent

DODD, BARBARA C
1862 MISSION DR.
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name: NEBEL, LYNN D
82 Street Address (P.O. Box Number is Not Acceptable): 900 COLLIER CT # 103
83
84 City: MARCO ISLAND FL
85 Zip Code: 33937

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: Lynn D. Nebel — Date: 6/3/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DODD, BARBARA C		1.2 NAME	
STREET ADDRESS	1862 MISSION DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33942		1.4 CITY-ST-ZIP	
TITLE	DST	☐ DELETE	2.1 TITLE	PRESIDENT ☐ Change ☒ Addition
NAME	NEBEL, LYNN D		2.2 NAME	
STREET ADDRESS	900 COLLIER CT., #103		2.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL 33937		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	500001863175
STREET ADDRESS			5.3 STREET ADDRESS	-06/17/96--01020--047
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***200.00
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	5/1/12
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 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)(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lynn D. Nebel LYNN NEBEL / PRESIDENT — APR 29 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)