FILE NOW: FILING FEE IS $61.25

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May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 705433 (1)

1. Corporation Name

BAY RIDGE ESTATES CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8865 108TH LANE N. SEMINOLE FL 34642	8865 108TH LANE N. SEMINOLE FL 33772-3736

3. Date Incorporated or Qualified: 04/08/1963
3a. Date of Last Report: 04/19/1996

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

4. FEI Number: 23-7068967 — ☐ 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

9. Name and Address of Current Registered Agent

GRAHN, SIDNEY C.
8865 108TH LANE N.
SEMINOLE FL 34642

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KOCHANSKI, THEODORE		1.2 NAME		
STREET ADDRESS	11203 90TH TERR. N.		1.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BALOGH, BARBARA		2.2 NAME		
STREET ADDRESS	9191 108TH ST., N.		2.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL		2.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WILSON, MARGARET		3.2 NAME		
STREET ADDRESS	9093 108TH ST., N		3.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GRAHN, SIDNEY		4.2 NAME		
STREET ADDRESS	8865 108TH LN., N.		4.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	POOLE, ANNE		5.2 NAME		
STREET ADDRESS	10928 88TH AVE. N.		5.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL		5.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	6.1 TITLE	T	☒ Change ☐ Addition
NAME	GEUDERT, DOROTHY		6.2 NAME	HOLDEN, ISABELL	
STREET ADDRESS	9257 111TH ST N		6.3 STREET ADDRESS	9210 108TH ST N	
CITY-ST-ZIP	SEMINOLE FL		6.4 CITY-ST-ZIP	SEMINOLE FL 33772	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: SIDNEY C. GRAHN SIGNATURE REQUIRED — 4/21/97 (813)392-6044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0051710