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Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **705433** (1)

1. Corporation Name

BAY RIDGE ESTATES CIVIC ASSOCIATION, INC.



Principal Place of Business 8865 108TH LANE N. SEMINOLE FL 34642	Mailing Address 8865 108TH LANE N. SEMINOLE FL 34642
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3. Date Incorporated or Qualified 04/08/1963
4. FEI Number 23-7068967
Applied For <input type="checkbox"/> Not Applicable

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 33772-3734	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GRAHN, SIDNEY C. 8865 108TH LANE N. SEMINOLE FL 34642	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	KOCHANSKI, THEODORE
STREET ADDRESS	11203 90TH TERR. N.
CITY-ST-ZIP	SEMINOLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BALOGH, BARBARA
STREET ADDRESS	9191 108TH ST., N.
CITY-ST-ZIP	SEMINOLE FL
TITLE	P <input type="checkbox"/> DELETE
NAME	WILSON, MARGARET
STREET ADDRESS	9093 108TH ST., N.
CITY-ST-ZIP	SEMINOLE FL
TITLE	V <input type="checkbox"/> DELETE
NAME	GRAHN, SIDNEY
STREET ADDRESS	8865 108TH LN., N.
CITY-ST-ZIP	SEMINOLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	POOLE, ANNE
STREET ADDRESS	10928 88TH AVE. N.
CITY-ST-ZIP	SEMINOLE FL
TITLE	T <input type="checkbox"/> DELETE
NAME	HOLDEN, ISABELL
STREET ADDRESS	9210 108TH ST N
CITY-ST-ZIP	SEMINOLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D
1.3 STREET ADDRESS	DUNCAN, BENJAMIN
1.4 CITY-ST-ZIP	11029 91ST AVE. N. SEMINOLE, FL
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D
3.3 STREET ADDRESS	WILSON, MARGARET
3.4 CITY-ST-ZIP	9093 108ST. N. SEMINOLE, FL.
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	P
5.3 STREET ADDRESS	CHEETHAM, ANNE
5.4 CITY-ST-ZIP	10928 88TH AVE. N. SEMINOLE, FL.
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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

4/13/98 (813) 372-6044

CP2E037 (1097)