

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90038 015 ****61.25

DOCUMENT # 731552

1. Entity Name

BAY ACRES ESTATES ASSOCIATION

Principal Place of Business

Mailing Address

**511 BAYSHORE DR
 OSPREY FL 34229
 US**

**511 BAYSHORE DR
 OSPREY FL 34229
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2870211

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KEITH, SANDY
 320 BAY VISTA AVE
 OSPREY FL 34229**

Name **Tad Kosanovich**

Street Address (P.O. Box Number is Not Acceptable)

322 Sunset Road

City **Osprey** **FL** Zip Code **34229**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Tad Kosanovich*
 Signature, typed or printed name of registered agent and title if applicable.

Tad Kosanovich, PD

(NOTE: Registered Agent signature required when reinstating)

1/22/02
 DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|-------------------------------|--------------------------------------|--|
| TITLE NAME | VD KONSANOVICH, TADD | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | 322 SUNSET DR OSPREY FL | |
| TITLE NAME | PD KEITH, SANDY | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | 320 BAY VISTA AVE OSPREY FL 34229 | |
| TITLE NAME | SD DOUGHTY, JULIE | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | 356 BAYSHORE DR OSPREY FL 34229 | |
| TITLE NAME | TD ZAMORSKI, IRRAL | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | 511 BAYSHORE DR OSPREY FL 34229 | |
| TITLE NAME | D SERAFINO, MARC | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | 532 SARABAY RD OSPREY FL 34229 | |
| TITLE NAME | D WHITE, CHARLOTTE | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | 612 BAYSHORE DR OSPREY FL 34229 | |

| | | |
|-------------------------------|--------------------------------------|--|
| TITLE NAME | PD Kosanovich, Tad | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | 322 Sunset Road Osprey, FL 34229 | |
| TITLE NAME | VD White, Charlotte | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | 612 Bayshore Dr Osprey, FL 34229 | |
| TITLE NAME | D Buckbee, Chris | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | 416 Sarabay Road Osprey, FL 34229 | |
| TITLE NAME | D Kivney, John | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | 24 Bay Ave Osprey, FL 34229 | |
| TITLE NAME | D Smith, Doug | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | 606 Bayshore Dr Osprey, FL 34229 | |
| TITLE NAME | D Yarymovych, Lana | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | 630 Bayshore Dr Osprey, FL 34229 | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

IRRAL ZAMORSKI
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Irral Zamorski TD

1/30/02

941-918-9190

Date

Daytime Phone #

CFR2037 (9/01)