

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 07, 2001 8:00 am
Secretary of State

04-07-2001 90011 026 ****61.25

DOCUMENT # 735668

1. Entity Name

BAY ISLES ASSOCIATION, INC.

Principal Place of Business

~~C/O CONDOMINIUM MGMT. INC.
1801 GLENGARY ST
SARASOTA FL 34231~~

Mailing Address

~~C/O CONDOMINIUM MGMT. INC.
1801 GLENGARY ST
SARASOTA FL 34231~~



2. Principal Place of Business

3. Mailing Address

Beth Callans Management Corp.
595 Bay Isles Road Suite: 201
Longboat Key, FL 34228

Beth Callans Management Corp.
595 Bay Isles Road Suite: 201
Longboat Key, FL 34228

DO NOT WRITE IN THIS SPACE

FEI Number

59-1695122

Applied For

Not Applicable

Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~LITTON, DAVID
CONDOMINIUM MANAGEMENT, INC.
1801 GLENGARY STREET
SARASOTA FL 34231~~

Delete

7. Name and Address of New Registered Agent

Beth Callans Management Corp.
595 Bay Isles Road Suite: 201
Longboat Key, FL 34228

FL Zip Code

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.

Beth Callans
SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4 Apr 01

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEBER, RICHARD	
STREET ADDRESS	2120 HARBOURSIDE DR #618	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GOLDBERG, MURRAY	
STREET ADDRESS	3502 MISTLETOE LANE	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MELVIN, HENRY	
STREET ADDRESS	3455 WINDING OAKS DR	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LANGTON, BRYAN	
STREET ADDRESS	3632 FAIR OAKS PL	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SPOLL, GEORGE	
STREET ADDRESS	1900 HARBOURSIDE DR	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HALE, JOYCE	
STREET ADDRESS	1590 HARBOR CITY	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jurgens, Ron	
STREET ADDRESS	1560 Harbor Sand Drive	
CITY-ST-ZIP	Longboat Key, FL 34228	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Coyne, Robert	
STREET ADDRESS	3070 Grand Bay Blvd #635	
CITY-ST-ZIP	Longboat Key, FL 34228	

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.

Mr. Goldberg
SIGNATURE

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/01
Date

941-387-3443
Daytime Phone #

CR2E037 (10/00)