2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

Apr 03, 2002 8:00 am Secretary of State **DOCUMENT # 735668** 04-03-2002 90179 018 ****61.25 BAY ISLES ASSOCIATION, INC. Principal Place of Business Mailing Address BETH CALLANS MGMT CORP. BETH CALLANS MGMT CORP. 595 BAY ISLES RD SUITE #201 595 BAY ISLES RD SUITE #201 LONGBOAT KEY FL 34228 LONGBOAT KEY FL 34228 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1695122 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CALLANS MANAG LISTON, DAVID BETH CALLANS MGMT CORP 595 BAY ISLES RD SUITE 201 **LONGBOAT KEY FL 34228** ONG BOAT 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 \Box Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. 155 C. S. S. S. S. S. S. S. (9/01) TITLE □ Delete TITLE ☐ Change ☐ Addition NAME Jurgens, Ron NAME STREET ADDRESS STREET ADDRESS 1560 HARBOR SOUND DR CITY-ST-ZIP CITY-ST-ZIP <u>Longboat key FL 34228</u> TITLE PD ☐ Delete TITLE ☐ Change ☐ Addition NAME **GOLDBERG, MURRAY** NAME STREET ADDRESS STREET ADDRESS 3502 MISTLETOE LANE CITY-ST-ZIF CITY-ST-ZIP <u>Longboat key FL 34228</u> TITLE TITLE Change ☐ Addition SD 💢 Delete MEDVIN, HENRY 3455 Winding Oaks Dr. NAME NAME MELVIN, HENRY STREET ADDRESS STREET ADDRESS 3455 WINDING OAKS DR CITY-ST-ZIP CITY-ST-7IP <u>Longboat key FL 34228</u> ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME Langton. Bryan STREET ADDRESS STREET ADDRESS 3632 FAIR OAKS PL CITY-ST-ZIP CITY-ST-ZIP <u>L'ongboat key fl 34228</u> Change Addition TITLE ☐ Delete TITLE NAME SPOLL. GEORGE NAME STREET ADDRESS STREET ADDRESS 1900 HARBOURSIDE DR CITY-ST-ZIP CITY-ST-ZIP <u>Longboat key FL 34228</u> TITLE ☐ Delete TITLE Change ■ Addition NAME Coyne, Robert NAME STREET ADDRESS 3070 GRAND BAY BLVD #635 STREET ADDRESS CITY-ST-ZIP LONGBOAT KEY FL 34228 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