

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90227 031 ****61.25

DOCUMENT # 735668

1. Entity Name

BAY ISLES ASSOCIATION, INC.



Principal Place of Business

**BETH CALLANS MGMT CORP.
595 BAY ISLES RD SUITE #201
LONGBOAT KEY FL 34228**

Mailing Address

**BETH CALLANS MGMT CORP.
595 BAY ISLES RD SUITE #201
LONGBOAT KEY FL 34228**

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 **59-1695122**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LISTON, DAVID
BETH CALLANS MGMT CORP
595 BAY ISLES RD SUITE 201
LONGBOAT KEY FL 34228**

Name

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

City

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **JURGENS, RON**
STREET ADDRESS **1560 HARBOR SOUND DR**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE ☐ Change ☐ Addition
NAME **Spall, George**
STREET ADDRESS **1900 Harbourside Dr.**
CITY-ST-ZIP **Longboat Key FL 34228**

TITLE **PD** ☐ Delete
NAME **GOLDBERG, MURRAY**
STREET ADDRESS **3502 MISTLETOE LANE**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE ☐ Change ☒ Addition
NAME **Levine, William**
STREET ADDRESS **604 Weston Pt. Ct.**
CITY-ST-ZIP **Longboat Key FL 34228**

TITLE **SD** ☐ Delete
NAME **MEDVIN, HENRY**
STREET ADDRESS **3455 WINDING OAKS DR**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE ☐ Change ☒ Addition
NAME **Webber, Richard**
STREET ADDRESS **2120 Harbourside Dr**
CITY-ST-ZIP **Longboat Key FL 34228**

TITLE **TD** ☐ Delete
NAME **LANGTON, BRYAN**
STREET ADDRESS **3632 FAIR OAKS PL**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE ☐ Change ☒ Addition
NAME **KATZ, Irwin**
STREET ADDRESS **3406 Winding Oaks Dr**
CITY-ST-ZIP **Longboat Key FL 34228**

TITLE **VD** ☐ Delete
NAME **SPOLL, GEORGE**
STREET ADDRESS **1900 HARBOURSIDE DR**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **COYNE, ROBERT**
STREET ADDRESS **3070 GRAND BAY BLVD #635**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied in 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 changes, with all other like empowered.

SIGNATURE:

SIG

FEE REQUIRED

CR2E037 (10/02)