

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743456

1. Entity Name

BAY TREE PATIO HOMES CONDOMINIUM ASSOCIATION, IN

Principal Place of Business

8216 S W 23RD COURT
NORTH LAUDERDALE FL 33068

Mailing Address

C/O NORDE MGMT. CORP.
6047 KIMBERLY BLVD SUITE N
N LAUDERDALE FL 33068-2820

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

59-2050343

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

NORDE MANAGEMENT CORPORATION
6047 KIMBERLY BLVD. SUITE N
N LAUDERDALE FL 33068

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	FAMA, LISA	
STREET ADDRESS	8112 S.W. 23RD STREET	
CITY-ST-ZIP	N. LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BROADSZ, ZORINE	
STREET ADDRESS	8114 SW 23 CT	
CITY-ST-ZIP	N. LAUDERDALE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KAMPEL, THEA	
STREET ADDRESS	8113 S.W. 23RD COURT	
CITY-ST-ZIP	N. LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROUSH, ROSEMARY P	
STREET ADDRESS	8204 S.W. 23 STREET, 20-D	
CITY-ST-ZIP	N. LAUDERDALE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MATHNEY, PRISCILLA	
STREET ADDRESS	8202 SW 23 ST	
CITY-ST-ZIP	N LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
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		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Thea Kampel* THEA KAMPEL, PD Thea Kampel 4-19-00 954 973-9311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)