

2000 UNIFORM BUSINESS REPORT (UBR)

4/E

FILED
May 12, 2000 8:00 am
Secretary of State

04-05-2000 90087 024 ****61.25

DOCUMENT # 747997

1. Entity Name

BAY ESPLANADE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

584 BAY ESPLANADE
 3
 CLEARWATER FL 33767
 US

Mailing Address

584 BAY ESPLANADE
 3
 BELLEAIR FL 33767-1613
 US

2. Principal Place of Business

584 Bay Esplanade Suite, Apt. #, etc. 584 Bay Esplanade

City & State clearwater FL clearwater FL

Zip 33767 Country US 33767 US



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3276746** 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

JENNINGS, II, ESQ., THOMAS C
 703 COURT ST
 28870 U.S. HWY. 19, STE. 408
 CLEARWATER FL 33758

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 _____ (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 ~~D~~
 NAME **JENNINGS, ESQ., T C**
 STREET ADDRESS **4 BELLEVIEW BLVD. #206**
 CITY-ST-ZIP **BELLEAIR FL 34616**

TITLE **D**
 NAME **Director**
 STREET ADDRESS **627 Kin Kaid Des Plaines**
 CITY-ST-ZIP **Chicago IL 60016**

TITLE ~~PTD~~
 NAME **WILSON, LARRY**
 STREET ADDRESS **584 BAY ESPLANADE**
 CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE **VPD**
 NAME **Vice Pres**
 STREET ADDRESS **Danna Mark**
 CITY-ST-ZIP **584 Bay Esplanade #3 Clearwater FL 33767**

TITLE ~~VPD~~
 NAME **MAGILL, ROBERT**
 STREET ADDRESS **584 BAY ESPLANDE #2**
 CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE **PTD**
 NAME **Pres. Robert**
 STREET ADDRESS **584 Bay Esplanade #2**
 CITY-ST-ZIP **Clearwater FL 33767**

TITLE ~~D~~
 NAME **KEYES, JOHN**
 STREET ADDRESS **584 BAY ESPLANADE #1**
 CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE **D**
 NAME **Director**
 STREET ADDRESS **Nancy Seifert**
 CITY-ST-ZIP **5825 Porshimmon Drive Madison WI 53711**

TITLE _____
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

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 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____
 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)(f), 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: **SIGNATURE REQUIRED Robert P. MAGILL** 3/30/00 Pres. 727 443 1211
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)