

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748061

1. Entity Name

**BAYWOOD COLONY SOUTHWOOD APARTMENTS I CONDOMINIUM**

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90028 031 \*\*\*\*61.25

Principal Place of Business 5550 BEE RIDGE RD STE E3 SARASOTA FL 34233 US	Mailing Address 5550 BEE RIDGE RD STE E3 SARASOTA FL 34233-1505 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5766 Bronx Avenue Suite, Apt. #, etc. Suite A City & State Sarasota FL	3. Mailing Address 5766 Bronx Avenue Suite, Apt. #, etc. Suite A City & State Sarasota FL
Zip 34231	Country USA

4. FEI Number 65-0053218	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MGMT CONCEPTS OF SARASOTA COUNTY INC 5550 BEE RIDGE RD STE E3 SARASOTA FL 34233	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5766 Bronx Avenue Suite A City Sarasota FL Zip Code 34231
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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: Joyce Young, manager DATE: 4/18/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COSTELLO, HERB</b> 1711 SOUTHWOOD STREET SARASOTA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>AUGERI, JOSEPH</b> 1647 SOUTHWOOD ST SARASOTA FL 34231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>MALLIE, MARSHALL</b> 1615 SOUTHWOOD STREET SARASOTA FL 34231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>MAGINNESS, ANTHONY</b> 1713 SOUTHWOOD STREET SARASOTA FL 34231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>BRYD, RICHARD</b> 6512 SUPERIOR ST SARASOTA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIGNATURE BEQUIN Mallie DATE: 4/18/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)