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**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90620 022 \*\*\*\*61.25

**DOCUMENT # 748636**

1. Entity Name

**BAY YACHT CLUB CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

740 SOUTH FEDERAL HIGHWAY  
POMPANO BEACH FL 33062740 S FEDERAL HWY  
POMPANO BEACH FL 33062

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-2213357

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

LAW OFFICES OF RHONDA HOLLANDER, P.A.  
1881 N FEDERAL HWY #191  
HOLLYWOOD FL 33020

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	P	<input type="checkbox"/> Delete
NAME	HUGINS, MIKE	
STREET ADDRESS	740 SOUTH FEDERAL HIGHWAY	
CITY-ST-ZIP	POMPANO BEACH FL 33062	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BONITO, MIKE	
STREET ADDRESS	740 SOUTH FEDERAL HIGHWAY	
CITY-ST-ZIP	POMPANO BEACH FL 33062	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Delete
NAME	FIORE, BILL	
STREET ADDRESS	740 SOUTH FEDERAL HWY #615	
CITY-ST-ZIP	POMPANO BEACH FL 33062	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILDING, LORRAINE	
STREET ADDRESS	740 S FEDERAL HIGHWAY	
CITY-ST-ZIP	POMPANO BEACH FL 33062	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	TIGNER, MARTHA	
STREET ADDRESS	740 S FEDERAL HWY	
CITY-ST-ZIP	POMPANO BEACH FL 33062	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAN SARGENT	
STREET ADDRESS	740 S FEDERAL HWY	
CITY-ST-ZIP	POMPANO BEACH FL 33062	

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:

*BILL FIORE*  
 BILL FIORE  
 PRESIDENT

3/17/02 954 942-2157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

Attachment # 748636 [REDACTED]



26247

ADDITIONS

S

DONNA GREGORY D  
740 S. FEDERAL Hwy  
POMPANO BEACH FL 33062

T

BEVERLY SCHMIDT D  
740 S FEDERAL Hwy  
POMPANO BEACH FL 33062