

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751532

1. Entity Name

BAYPORT BEACH AND TENNIS CLUB CONDOMINIUM ASSOCI

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90087 005 ****61.25

Principal Place of Business

Mailing Address

619 BAYPORT WAY
 LONGBAT KEY FL 34228

619 BAYPORT WAY
 LONGBAT KEY FL 34228-2658

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2012294

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BITTING, BETTY B
607 BAYPORT WAY
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.

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 Delete
 NAME **D**
COHEN, BERNARD
 STREET ADDRESS **818 BAYPORT WAY**
 CITY-ST-ZIP **LONGBOAT KEY FL**

TITLE Change Addition
 NAME **S**
KAPLAN, RONALD
 STREET ADDRESS **612 BAYPORT WAY**
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE Delete
 NAME **D**
LIGUORI, PATRICK
 STREET ADDRESS **711 BAYPORT WAY**
 CITY-ST-ZIP **LONGBAT KEY FL 34228**

TITLE Change Addition
 NAME **D**
VICKMAN, LEE
 STREET ADDRESS **745 BAYPORT WAY**
 CITY-ST-ZIP **LONGBOAT KEY, FL 34228**

TITLE Delete
 NAME **S**
ROSE, JUDY
 STREET ADDRESS **816 BAYPORT WAY**
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **P**
SCHLUNK, KARL
 STREET ADDRESS **618 BAYPORT WAY**
 CITY-ST-ZIP **LONGBOAT KEY FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T**
KATZ, ALLAN
 STREET ADDRESS **814 BAYPORT WAY**
 CITY-ST-ZIP **LONGBAT KEY FL 34228**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VP**
ALPERS, PHINEAS
 STREET ADDRESS **747 BAYPORT WAY**
 CITY-ST-ZIP **LONGBAT KEY FL 34228**

TITLE Change 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:

Signature
SIGNATURE REQUIRED

1/14, 2000

(941)
 383-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #