

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90009 046 \*\*\*\*61.25

**DOCUMENT # 755788**

1. Entity Name

**BANANA BAY CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2180 WEST SR 434, SUITE 5000  
 LONGWOOD FL 32779-5044  
 US

2180 WEST SR 434, SUITE 5000  
 LONGWOOD FL 32779  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2071278**

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

**HART, JR., JAMES W**  
**C/O SENTRY MANAGEMENT, INC.**  
**2180 WEST SR 434, SUITE 5000**  
**LONGWOOD FL 32779-5044**

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	SD	<input type="checkbox"/> Delete
NAME	MURPHY, DOROTHY	
STREET ADDRESS	200 S. BANANA RIVER BLVD.	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETERSON, BARBARA	
STREET ADDRESS	200 S BANANA RIVER BLVD	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BECKER, MARSHA	
STREET ADDRESS	200 S BANANA RIVER BLVD #401	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SALBER, BARBARA	
STREET ADDRESS	200 S BANANA RIVER BLVD	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NESBIT, FRANK	
STREET ADDRESS	1369 SANIBEL LANE	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	200 S. BANANA RIVER BLVD #2405	
CITY-ST-ZIP	32931	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	200 S. BANANA RIVER BLVD #2302	
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	200 S. BANANA RIVER BLVD #1604	
CITY-ST-ZIP	32931	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMIESON, RUSSELL	
STREET ADDRESS	200 S. BANANA RIVER BLVD #1401	
CITY-ST-ZIP	COCOA BEACH FL 32931	
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: Dorothy R. Murphy **DO NOT WRITE IN THIS SPACE** Date: 02-24-00 Daytime Phone #: 321-783-1667

CR2E037 (9/99)