

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2002 8:00 am
Secretary of State

07-18-2002 90133 037 ****61.25

DOCUMENT # 755815

1. Entity Name

BAY VIEW VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 764
 INDIAN ROCKS BEACH FL 33785

P.O. BOX 764
 INDIAN ROCKS BEACH FL 33785

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2577989

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

OWENS, CONNIE S
19807 GULF BLVD., #107
INDIAN SHORES FL 33785

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	PD	<input type="checkbox"/> Delete
NAME	OWENS, CONNIE	
STREET ADDRESS	19807 GULF BLVD #107	
CITY-ST-ZIP	INDIAN SHORES FL 33785	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WURDEMAN, BARBARA	
STREET ADDRESS	19807 GULF BLVD #110	
CITY-ST-ZIP	INDIAN SHORES FL 33785	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	RIDENOUR, ROBERT	
STREET ADDRESS	19807 GULF BLVD #102	
CITY-ST-ZIP	INDIAN SHORES FL 33785	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARKER, JOSEPH	
STREET ADDRESS	19807 GULF BLVD #111	
CITY-ST-ZIP	INDIAN SHORES FL 33785	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOWMAN, BILLIE	
STREET ADDRESS	19807 GULF BLVD #124	
CITY-ST-ZIP	INDIAN SHORES FL 33785	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/02 727-593-1584

CR2E037 (9/01)