

**2001 UNIFORM BUSINESS REPORT (UBR)**

1/

**FILED**  
**Feb 09, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90159 028 \*\*\*\*70.00

**DOCUMENT # 756343**

1. Entity Name

**BAYVIEW CLUB CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

3208 BAYVIEW DRIVE  
 SUITE 205  
 FT. LAUDERALE FL 33306  
 US

Mailing Address

3208 BAYVIEW DRIVE  
 SUITE 205  
 FT. LAUDERALE FL 33306  
 US

2. Principal Place of Business

**3208 BAYVIEW DRIVE**

Suite, Apt. #, etc.  
**SUITE 206**

City & State  
**FT. LAUD. FLORIDA**

Zip  
**33306**

Country  
**U.S.**

3. Mailing Address

**3208 BAYVIEW DRIVE**

Suite, Apt. #, etc.  
**SUITE 206**

City & State  
**FT. LAUD. FLA**

Zip  
**33306**

Country  
**U.S.**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2082936**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MCDONALD, CHERYL**  
 3208 BAYVIEW DRIVE  
 SUITE 205  
 FT. LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

Name **WAY WILSON**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3208 BAYVIEW DRIVE**  
**SUITE 101**  
 City **FOOT LAUD. FLA** **FL** Zip Code **33306**

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 **WILSON WAY PRESIDENT**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/5/01**

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

TITLE **PD**  Delete  
 NAME **MCDONALD, CHERYL**  
 STREET ADDRESS **3208 BAYVIEW DRIVE, SUITE 205**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

TITLE **VD**  Delete  
 NAME **PARKER, SCOTT**  
 STREET ADDRESS **3208 BAYVIEW DRIVE #102**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33306**

TITLE **TSD**  Delete  
 NAME **PAUL, PATRICIA**  
 STREET ADDRESS **3268 BAYVIEW DRIVE**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33306**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT**  Change  Addition  
 NAME **WILSON WAY (D)**  
 STREET ADDRESS **3208 BAYVIEW DRIVE #101**  
 CITY-ST-ZIP **FT. LAUD. FLA. 33306**

TITLE **Scott Parker (T)**  Change  Addition  
 NAME **(Trustee)**  
 STREET ADDRESS **3208 Bayview Drive #102**  
 CITY-ST-ZIP **Ft. Lauderdale, FL 33306**

TITLE **SECRET & TREASURER**  Change  Addition  
 NAME **TRACY MURPHY (D)**  
 STREET ADDRESS **3208 BAYVIEW DRIVE # 206**  
 CITY-ST-ZIP **FT. LAUD. FLA. 33306**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: **WILSON WAY PRESIDENT** **Way Wilson** **1/5/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)