

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90022 026 ****61.25

DOCUMENT # 766604

1. Entity Name

THE FLORIDA BAY CLUB CONDOMINIUM ASSOCIATION, IN C.

Principal Place of Business

Mailing Address

**MILE MARKER 103.5
 KEY LARGO FL 33037**

**P O BOX 2520
 KEY LARGO FL 33037
 US**

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

59-2420602

Applied For

Not Applicable

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

**CULLEN, RUSSELL H.
 992228 OVERSEAS HWY
 SUITE 301-D
 KEY LARGO FL 33037**

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 NAME	P LAUTENSLAGER, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS	12935 SW 110 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	D GRIFFIN, LOURDES	<input type="checkbox"/> Delete
STREET ADDRESS	12830 SW 43 DR #165B	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE NAME	D DR. JAMES TRACTON	<input type="checkbox"/> Delete
STREET ADDRESS	12700 BAYSHORE DR.	
CITY-ST-ZIP	N. MIAMI FL	
TITLE NAME	VDD STANTON, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	1531 NW 90TH WAY	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE NAME	S TEEGARDIN, JAMES P	<input type="checkbox"/> Delete
STREET ADDRESS	200 FLORIDA AVE	
CITY-ST-ZIP	TAVERNIER FL	
TITLE NAME	T SHERMAN, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS	2255 GLADES RD #402A	
CITY-ST-ZIP	BOCA RATON FL	

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

Date

Daytime Phone #

1/12/02 305-451-0101

CR2E037 (9/01)

UBR021