2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N02000001150

BAHAMA RAY CONDOMINIUM ASSOCIATION INC



FILED Jan 31, 2003 8:00 am Secretary of State 01-31-2003 90156 019 ****61.25

DATIANIA	DAT CONDOMINION ASSOC	DIATION, INC.						
Principal Place of Business 3050 MICHIGAN AVENUE KISSIMMEE FL 34744		Mailing Address 3050 MICHIGAN AVENUE KISSIMMEE FL 34744						
2 Principal F	Place of Business	3. Mailing Address						
		o. Maining Address			1810 (1981: ABIST BULL SCIIC BUIL BUIL	i (1 40)	H (
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 1			plied For t Applicable	}
Zip	Country	Zip	Country	5. Certificate of S	tatus Desired	8.75 Add	litional d	1
	6. Name and Address of Curren	t Registered Agent		7. Name and Add	Iress of New Registered A	gent		_
	المراجعة المنطقية المناسبة الم	Language of the same	Name		معاي معاليها المحال المحال المحال			
OXLEY, F 3050 MIC	Paul Chigan avenue		Street Addre	Address (P.O. Box Number is Not Acceptable)				
	EE FL 34744							1
, 1	·		City	<u> </u>	FL	Zip Code	9	1
	named entity submits this statement fi lions of registered agent.	or the purpose of changing its	registered office or reg	istered agent, or both, in	the State of Florida. I am fa	miliar with, a	and accept	
Oldmanding	Signature: typed or printed name of registered agen	t and title if applicable. (NOTE	: Registered Agent signature rec	quired when reinstating)	DATE		<u> </u>	
FILE NOW: FEE IS \$61.25		9. Election Can - Trust Fund C	9. Election Campaign Financing -Trust Fund Contribution.		Make Check Payable to Florida Department of State			
10.	OFFICERS AND D	IRECTORS	11.	ADDITIONS/CHANG	L ES TO OFFICERS AND DIR	ECTORS IN	10	$\frac{1}{1}$
TITLE	PD	☐ Delete	TITLE			☐ Change	Addition	10/02/
NAME STREET ADDRESS	OXLEY, PAUL 3050 MICHIGAN AVENUE		NAME STREET ADDRESS					140
CITY-ST-ZIP	KISSIMMEE FL 34744		CITY-ST-ZIP					1037
TITLE	STD	□ Delete	TITLE			☐ Change	Addition	18
NAME STREET ADDRESS	OXLEY, LINDSAY 3050 MICHIGAN AVENUE		, name Street address					`
CITY-ST-ZIP	KISSIMMEE FL 34744		CITY-ST-ZIP					
TITLE	VD	□ Delete	TITLE	- -		:Change	~ 🔲 Addition	1
NAME STREET ADDRESS	Marks, Robert 3109 Fairfield Drive		NAME STREET ADDRESS					
CITY-ST-ZIP	KISSIMMEE FL 34743		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	1
NAME			NAME					}
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE	·		☐ Change	☐ Addition	1
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		□ Delete	TITLE		<u> </u>	Change	Addition	1
NAME			NAME					
STREET ADORESS CITY-ST-ZIP			STREET ADDRESS STREET ADDRESS STREET					
13 Lhorabu	postify that the information available wit	h this filing does not evelify for	1	- Castier 110 07(0)(i) El		£ 45 1.11 1		ł

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: