

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90101 006 ****61.25

DOCUMENT # N09964

1. Entity Name
BAY VIEW RESERVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address

7550 HINSON ST.
 ORLANDO FL 32819 BAYVIEW RESERVE
 7550 HINSON ST
 ORLANDO FL 32819-5189
 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 **59-2213244** 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

ADAMO, PHILIP T
750 HINSON ST 7550
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name **Philip T. Adamo**
 Street Address (P.O. Box Number is Not Acceptable) **13426 Southern Way**
 City **Wintermere** FL Zip Code **34786**

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 *Philip T. Adamo* **Property Manager.** *Philip T. Adamo* **1/6/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

FILE NOW: FEE IS \$61.25 **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME SD WIRTZ, GAYLE	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7550 HINSON ST #3D		STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32819		CITY-ST-ZIP	
TITLE NAME PD PROFETA, PAULINE	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7550 HINSON ST #6A		STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL		CITY-ST-ZIP	
TITLE NAME VPD MORROW, ROBERT	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7550 HINSON ST #4D		STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL		CITY-ST-ZIP	
TITLE NAME TD DELONG, SUSAN	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7550 HINSON ST #11		STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32819		CITY-ST-ZIP	
TITLE NAME D GREEN, RALPH <i>Greene.</i>	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7550 HINSON ST #7D		STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32819		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Philip T. Adamo* **Director. Ralph Greene.** *Philip T. Adamo* **1/6/00 407-351-0524**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #