

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90105 016 ****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
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2213244

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

ADAMO, PHILIP T
13426 SOUTHERN WAY
WINDERMERE FL 34786

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	SD	<input type="checkbox"/> Delete
NAME	WIRTZ, GAYLE	
STREET ADDRESS	7550 HINSON ST #3D	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PROFETA, PAULINE	
STREET ADDRESS	7550 HINSON ST #6A	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MORROW, ROBERT	
STREET ADDRESS	7550 HINSON ST #4D	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DELONG, SUSAN	
STREET ADDRESS	7550 HINSON ST #11	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GREENE, RALPH	
STREET ADDRESS	7550 HINSON ST #7D	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JOHN L. Fry	
STREET ADDRESS	7550 HINSON ST.	
CITY-ST-ZIP	Orlando, FL 32819.	

TITLE	Pd	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Elrod.	
STREET ADDRESS	7550 HINSON ST.	
CITY-ST-ZIP	Orlando, FL 32819.	
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: **Philip T. Adamo** 1/31/01 407-351-0524
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)

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DO NOT WRITE IN THIS SPACE