

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90296 006 \*\*\*\*61.25

**DOCUMENT # N09964**

1. Entity Name

**BAY VIEW RESERVE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

7550 HINSON ST.  
 ORLANDO FL 32819

Mailing Address

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

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  
 13426 SOUTHERN WAY  
 WINDERMERE FL 34786

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>Sec. Dir.</b>	<input type="checkbox"/> Delete
NAME	<b>WIRTZ, GAYLE</b>	
STREET ADDRESS	<b>7550 HINSON ST #3D</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>PROFETA, PAULINE</b>	
STREET ADDRESS	<b>7550 HINSON ST #6A</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>ELROD, ROBERT</b>	
STREET ADDRESS	<b>7550 HINSON ST</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	
TITLE	<b>ID</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GREENE, RALPH</b>	
STREET ADDRESS	<b>7550 HINSON ST #7D</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FRY, JOHN L</b>	
STREET ADDRESS	<b>7550 HINSON ST</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>Treasurer</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Randy LYON</b>	
STREET ADDRESS	<b>7550 HINSON ST.</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32819</b>	
TITLE	<b>D.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RITA HAASE</b>	
STREET ADDRESS	<b>7550 HINSON ST.</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32819</b>	
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 Philip T. Adamo 4/17/02 407-357-0524  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)