

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14294

1. Entity Name

BAY HAMMOCK OWNERS' ASSOCIATION, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90165 003 ****61.25

Principal Place of Business P.O. BOX 505 ISLAMORADA FL 33036	Mailing Address P.O. BOX 505 ISLAMORADA FL 33036-0943
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2720630	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

RYAN, CHRISTEL C
10 FLAMINGO HAMMOCK ROAD
ISLAMORADA FL 33036

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	RYAN, DENNIS	
STREET ADDRESS	10 FLAMINGO HAMMOCK ROAD	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NESS, ERNIE	
STREET ADDRESS	82 CIDER HILL	
CITY-ST-ZIP	UPPER SADDLE RIVER NJ 07458	
TITLE	D	<input type="checkbox"/> Delete
NAME	NESS, KAREN	
STREET ADDRESS	82 CIDER HILL	
CITY-ST-ZIP	UPPER SADDLE RIVER NJ 07458	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HEWITT, WILLIAM	
STREET ADDRESS	32 FLAMINGO HAMMOCK RD	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	T	<input type="checkbox"/> Delete
NAME	RYAN, CHRISTEL C	
STREET ADDRESS	10 FLAMINGO HAMMOCK RD	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ness, Karen	
STREET ADDRESS	82 Cider Hill	
CITY-ST-ZIP	Upper Saddle River, NJ 07458	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ryan, Christel	
STREET ADDRESS	10 Flamingo Hammock Rd	
CITY-ST-ZIP	Islamorada, FL 33036	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alison Ryan	
STREET ADDRESS	11601 Garham Ave # 22	
CITY-ST-ZIP	Brentwood, CA 90049	

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: *Christel C Ryan* 4-4-00 305-664-2772
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)