

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90238 032 ****61.25

DOCUMENT # N14294

1. Entity Name

BAY HAMMOCK OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 505
 ISLAMORADA FL 33036

P.O. BOX 505
 ISLAMORADA FL 33036

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 **59-2720630**

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

7. Name and Address of New Registered Agent

RYAN, CHRISTEL C
10 FLAMINGO HAMMOCK ROAD
ISLAMORADA FL 33036

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**
After September 12, 2001, min. will be \$236.25

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 PD
 NAME RYAN, DENNIS Delete
 STREET ADDRESS 10 FLAMINGO HAMMOCK ROAD
 CITY-ST-ZIP ISLAMORADA FL 33036

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD
 NAME NESS, ERNIE Delete
 STREET ADDRESS 82 CIDER HILL
 CITY-ST-ZIP UPPER SADDLE RIVER NJ 07458

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD
 NAME NESS, KAREN Delete
 STREET ADDRESS 82 CIDER HILL
 CITY-ST-ZIP UPPER SADDLE RIVER NJ 07458

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD
 NAME RYAN, CHRISTEL C Delete
 STREET ADDRESS 10 FLAMINGO HAMMOCK RD
 CITY-ST-ZIP ISLAMORADA FL 33036

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE P
 NAME RYAN, ALISON Delete
 STREET ADDRESS 11601 GORHAM AVE #22
 CITY-ST-ZIP BRENTWOOD CA 90049

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D
 NAME JERI BURK Change Addition
 STREET ADDRESS 32 Flamingo Hammock Rd
 CITY-ST-ZIP ISLAMORADA FL 33036

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:

SIGNATURE REQUIRED

7/25/01

C 5714

CR2E037 (5/01)