

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90209 039 ****61.25

DOCUMENT # N26952

1. Entity Name

BAYSIDE VILLAGE EAST CONDOMINIUM ASSOCIATION, IN

Principal Place of Business

Mailing Address

ONE FISHER ISLAND DRIVE
 ONE FISHER ISLAND DRIVE
 FISHER ISLAND FL 33109
 US

ONE FISHER ISLAND
 ONE FISHER ISLAND DRIVE
 FISHER ISLAND FL 33109-0001
 US

00011014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0058288

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

POTASH, IRWIN M., M.D.
 2033 FISHER ISLAND DR.
 FISHER ISLAND FL 33109

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 Delete
 NAME PD
 STREET ADDRESS POTASH, IRWIN M
 CITY-ST-ZIP 2033 FISHER ISLAND DR.
 FISHER ISLAND FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME TD
 STREET ADDRESS PEARCE, MICHAEL
 CITY-ST-ZIP 2015 FISHER ISLAND DRIVE
 FISHER ISLAND FL

TITLE Change Addition
 NAME SD
 STREET ADDRESS PEARCE, MICHAEL
 CITY-ST-ZIP 2015 FISHER ISLAND DR.
 FISHER ISLAND FL

TITLE Delete
 NAME SD
 STREET ADDRESS TRIPPE, KENNETH A B
 CITY-ST-ZIP 2314 FISHER ISLAND DRIVE
 FISHER ISLAND FL

TITLE Change Addition
 NAME TD
 STREET ADDRESS PHILLIPS, LAWRENCE
 CITY-ST-ZIP 2042 FISHER ISLAND DR.
 FISHER ISLAND, FLA

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

SIGNATURE REQUIRED *Lawrence C Phillips*

1/20/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)