

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90539 045 ****61.25

DOCUMENT # N96000000040

1. Entity Name
BACOPA BAY OWNER'S ASSOCIATION, INC.

Principal Place of Business SEABOARD ARBORS 1110 PINELLAS BAYWAY #104 TIERRA VERDE FL 33715 US	Mailing Address SEABOARD ARBORS 1110 PINELLAS BAYWAY #104 TIERRA VERDE FL 33715 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number 59-3351032	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UNWIN, RANDY
SEABOARD ARBORS
1110 PINELLAS BAYWAY STE 104
TIERRA VERDE FL 33715

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 PD NAME KAVIN, LYNN STREET ADDRESS 4993 BACOPA LANE S E-405 CITY-ST-ZIP ST. PETERSBURG FL 33715	<input checked="" type="checkbox"/> Delete	TITLE PD NAME CHIDEL, IRA STREET ADDRESS 4991 BACOPA LANE S E-801 CITY-ST-ZIP ST. PETERSBURG FL 33715	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VPD NAME SMITH, JACK STREET ADDRESS 4971 BACOPA LANE S C-401 CITY-ST-ZIP ST. PETERSBURG FL 33715	<input checked="" type="checkbox"/> Delete	TITLE D NAME BELOTE, LINDA STREET ADDRESS 4973 BACOPA LANE S C-705 CITY-ST-ZIP ST. PETERSBURG FL 33715	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME GRATZ, EDWARD STREET ADDRESS 4991 BACOPA LANE S E-202 CITY-ST-ZIP ST PETERSBURG FL 33715	<input type="checkbox"/> Delete	TITLE VPD NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME TERESTENNYI, DAN STREET ADDRESS 4983 BACOPA LANE S D-205 CITY-ST-ZIP ST PETERSBURG FL 33715	<input type="checkbox"/> Delete	TITLE STD NAME TERESTENNYI, DAN STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE D NAME SEIDEN, MARSHALL STREET ADDRESS 4983 BACOPA LANE S D-605 CITY-ST-ZIP ST. PETERSBURG FL 33715	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** **2/07/01** **7278659516**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)