

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90057 004 \*\*\*\*61.25

**DOCUMENT # N96000000040**

1. Entity Name

**BACOPA BAY OWNER'S ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**SEABOARD ARBORS  
 1110 PINELLAS BAYWAY #104  
 TIERRA VERDE FL 33715  
 US**

**SEABOARD ARBORS  
 1110 PINELLAS BAYWAY #104  
 TIERRA VERDE FL 33715  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**5901 SUN BLVD**

**5901 SUN BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 203**

**SUITE 203**

City & State

City & State

**ST PETERSBURG FL**

**ST PETERSBURG FL**

4. FEI Number

**59-3351032**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33715**

**US**

**33715**

**US**

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

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

Name

**WILLIAM NEWTON**

Street Address (P.O. Box Number is Not Acceptable)

**5901 SUN BLVD**

**SUITE 203**

City

**ST. PETERSBURG**

FL

Zip Code

**33715**

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

*[Handwritten Signature]*

**WILLIAM NEWTON**

**3/5/02**

**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	<input checked="" type="checkbox"/> Delete
NAME	CHIDEL, IRA	
STREET ADDRESS	4991 BACOPA LN S E801	
CITY-ST-ZIP	ST. PETERSBURG FL 33715	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BELOTE, LINDA	
STREET ADDRESS	4973 BACOPA LN S C705	
CITY-ST-ZIP	SAINT PETERSBURG FL 33715	
TITLE	<del>PD</del>	<input type="checkbox"/> Delete
NAME	GRATZ, EDWARD	
STREET ADDRESS	4991 BACOPA LANE S E-202	
CITY-ST-ZIP	ST PETERSBURG FL 33715	
TITLE	STD	<input type="checkbox"/> Delete
NAME	TERESTENYI, DAN	
STREET ADDRESS	4983 BACOPA LANE S D-205	
CITY-ST-ZIP	ST PETERSBURG FL 33715	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SEIDEN, MARSHALL	
STREET ADDRESS	4983 BACOPA LN S D605	
CITY-ST-ZIP	SAINT PETERSBURG FL 33715	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT DIAMOND	
STREET ADDRESS	5901 SUN BLVD SUITE 203	
CITY-ST-ZIP	ST. PETERSBURG FL 33715	
TITLE	VPO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAREN CLARK	
STREET ADDRESS	5901 SUN BLVD SUITE 203	
CITY-ST-ZIP	ST. PETERSBURG FL 33715	
TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY PODIETSKI	
STREET ADDRESS	5901 SUN BLVD SUITE 203	
CITY-ST-ZIP	ST. PETERSBURG FL 33715	
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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-7-02**

Date

**727-864-6737**

Daytime Phone #

CR2E037 (9/01)