

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **751875** (6)

1. Corporation Name

BAY LAKE ESTATES ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O GORDON S DINGER
8612 53RD AVE W
BRADENTON FL 34210-9234
US

C/O GORDON S DINGER
8612 53RD AVE W
BRADENTON FL 34210-9234
US

3. Date Incorporated or Qualified
04/03/1980

3a. Date of Last Report
03/13/1995

2. Principal Place of Business

2a. Mailing Address

21 C/O MICHAEL CORDASCO

26 C/O MICHAEL CORDASCO

4. FEI Number
59-2263862

Applied For
Not Applicable

22 8711 51ST AVE W

27 8711 51ST AVE W

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 BRADENTON, FL

28 BRADENTON, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 34210 25 US

29 34210 30 US

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DINGER, GORDON S
8612 53RD AVE W
BRADENTON FL 34210

81 Name **MICHAEL CORDASCO**
82 Street Address (P.O. Box Number is Not Acceptable)
8711 51ST AVE W
83
84 City **BRADENTON** FL 85 Zip Code **34210**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **MICHAEL CORDASCO, PRESIDENT** *Michael Cordasco*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

4-8-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **REED, RAYMOND**
CITY - ST - ZIP **5201 88TH STREET W
BRADENTON FL**

1.1 TITLE **D/V** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **DINGER GORDON S**
CITY - ST - ZIP **8216 53RD AVE WEST
BRADENTON FL**

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ☒ DELETE
NAME **VPD**
STREET ADDRESS **BELLNO, VITO**
CITY - ST - ZIP **8811 51ST AVE WEST
BRADENTON FL**

3.1 TITLE **D/P** ☐ Change ☒ Addition
3.2 NAME **MICHAEL CORDASCO**
3.3 STREET ADDRESS **8711 51ST AVE W**
3.4 CITY - ST - ZIP **BRADENTON, FL 34210**

TITLE ☐ DELETE
NAME **DT**
STREET ADDRESS **SPRY, SHARON**
CITY - ST - ZIP **5312 88TH ST W
BRADENTON FL**

4.1 TITLE **T** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☒ DELETE
NAME **SD**
STREET ADDRESS **ATCHISON, ANJA**
CITY - ST - ZIP **5323 88TH ST W
BRADENTON FL**

5.1 TITLE **D/S** ☐ Change ☒ Addition
5.2 NAME **PAUL HEDEEN**
5.3 STREET ADDRESS **5336 87TH ST W**
5.4 CITY - ST - ZIP **BRADENTON, FL 34210**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SLEETH, STEVEN**
CITY - ST - ZIP **8608 51ST AVENUE W
BRADENTON FL**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sharon Spry, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHARON SPRY **4-8-96** **941-794-8147**

Date

Daytime Phone #

CR2E037 (12/95)