

**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 # N93000001242 (7)

1. Corporation Name

BAY RIDGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 503 NORTH ORLANDO AVE. SUITE 105 COCOA BEACH FL 32931  
Mailing Address: 503 NORTH ORLANDO AVE. SUITE 105 COCOA BEACH FL 32931

3. Date Incorporated or Qualified: 03/16/1993  
3a. Date of Last Report: 04/14/1995  
4. FEI Number: 59-3168677  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
22. Suite, Apt. #, etc.: 27  
23. City & State: 28  
24. Zip: 25  
Country: 29  
30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHOEMAKER, JOHN B  
503 NORTH ORLANDO AVE.  
SUITE 105  
COCOA BEACH FL 32932-0757

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City: FL 85. Zip Code

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: \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHOEMAKER, JOHN B	1.2 NAME	BENGHIAI, DAVID
STREET ADDRESS	503 N. ORLANDO AVE., SUITE 105	1.3 STREET ADDRESS	503 N. ORLANDO AVE., SUITE 105
CITY-ST-ZIP	COCOA BEACH FL 32931	1.4 CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	DT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PLUM, VICTORIA	2.2 NAME	SWARTZ, STANLEY E.
STREET ADDRESS	503 N. ORLANDO AVE., SUITE 105	2.3 STREET ADDRESS	8305 FOXWORTH CIRCLE
CITY-ST-ZIP	COCOA BEACH FL	2.4 CITY-ST-ZIP	ORLANDO, FLORIDA 32819
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, DAVID	3.2 NAME	
STREET ADDRESS	503 N. ORLANDO AVE., SUITE 105	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID B	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: \_\_\_\_\_ John B. Shoemaker Date: 4/29/96 Daytime Phone #: 4077843266

CFR2E037 (12/95)