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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

503 NORTH ORLANDO AVE.
SUITE 105
COCOA BEACH FL 32931

503 NORTH ORLANDO AVE.
SUITE 105
COCOA BEACH FL 32931-3171

3. Date Incorporated or Qualified
03/16/1993

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 2180 WEST SR 434

26 2180 WEST SR 434

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 STE 5000

27 STE 5000

City & State

City & State

23 LONGWOOD FL

28 LONGWOOD FL

Zip

Country

Zip

Country

24 32779-5044

25 USA

29 32779-5044

30 USA

4. FEI Number
59-3168677

Applied For
Not Applicable

5. Certificate of Status Desired

\$6.75 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

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 JAMES W. HART JR

82 Street Address (P.O. Box Number is Not Acceptable)
SENTRY MANAGEMENT, INC.

83 2180 WEST SR 434, STE 5000

84 City LONGWOOD

85 Zip Code FL 32779

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPS DELETE
NAME SHOEMAKER, JOHN B
STREET ADDRESS 503 N. ORLANDO AVE., SUITE 105
CITY-ST-ZIP COCOA BEACH FL 32931

1.1 TITLE VD Change Addition
1.2 NAME CHERMAK, HERMAN
1.3 STREET ADDRESS 8411 FOXWORTH CIR
1.4 CITY-ST-ZIP ORLANDO FL 32819

TITLE D DELETE
NAME SWARTZ, STANLEY E.
STREET ADDRESS 8305 FOXWORTH CIRCLE
CITY-ST-ZIP ORLANDO FL

2.1 TITLE PD Change Addition
2.2 NAME SWARTZ, STANLEY
2.3 STREET ADDRESS 8305 FOXWORTH CIR
2.4 CITY-ST-ZIP ORLANDO FL 32819

TITLE D DELETE
NAME BENGHIAT, DAVID
STREET ADDRESS 503 N ORLANDO AVE SUITE 105
CITY-ST-ZIP COCOA BEACH FL

3.1 TITLE ST Change Addition
3.2 NAME KOF AHL, DUANE
3.3 STREET ADDRESS 7047 SOMERTON BLVD
3.4 CITY-ST-ZIP ORLANDO FL 32819

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE D Change Addition
4.2 NAME KLINE, RICHARD
4.3 STREET ADDRESS 8325 FOXWORTH CIR
4.4 CITY-ST-ZIP ORLANDO FL 32819

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE D Change Addition
5.2 NAME SHEILDS, DONALD
5.3 STREET ADDRESS 7019 SOMERTON BLVD
5.4 CITY-ST-ZIP ORLANDO FL 32819

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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, unchanged, or on an attachment with an address.

SIGNATURE: *Stanley E. Swartz* STANLEY E. SWARTZ 4-8-97 407/248-0579
DIRECTOR

CR2E037 (9/96)