

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90067 047 ****61.25

DOCUMENT # N93000001242

1. Entity Name

BAY RIDGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2180 WEST SR 434
 STE. 5000
 LONGWOOD FL 32779-5044
 US

2180 WEST SR 434
 STE. 5000
 LONGWOOD FL 32779
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3168677

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HART, JAMES W JR.
SENTRY MANAGEMENT INC.
 2180 WEST SR 434, STE. 5000
 LONGWOOD FL 32779

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 **STD** Delete
 NAME **UMSTADTER, LARRY**
 STREET ADDRESS **7011 SOMERTON BLVD**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **PD** Change Addition
 NAME **PORTER, JAMES**
 STREET ADDRESS **7031 SOMERTON BLVD**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **VPD** Delete
 NAME **ROSIN, AL**
 STREET ADDRESS **8302 FOXWORTH CIRCLE**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **SD** Change Addition
 NAME **SAAD, LYNNE**
 STREET ADDRESS **8341 FOXWORTH CIR**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **D** Delete
 NAME **CONSOLVER, JOAN**
 STREET ADDRESS **8402 FOXWORTH CIRCLE**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **TD** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **SHIELDS, DONALD**
 STREET ADDRESS **7019 SOMERTOWN BLVD.**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **D** Change Addition
 NAME **KOFAHL, DUANE**
 STREET ADDRESS **7047 SOMERTON BLVD**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

James Porter
JAMES PORTER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/00

407-628-1499
 Date Daytime Phone #

CR2E037 (9/99)