

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90318 012 ****61.25

DOCUMENT # N93000001242

1. Entity Name

BAY RIDGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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

00030690



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3168677**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE NAME	PD PORTER, JAMES	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7031 SOMERTON BLVD	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE NAME	SD SAAD, LYNNE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	8341 FOXWORTH CIR	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE NAME	TD CONSOLVER, JOAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	8402 FOXWORTH CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE NAME	D KOFAHL, DUANE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7047 SOMERTON BLVD	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD SWARTZ, STAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8305 FOXWORTH CIR	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE NAME	D MCLEAN, IAIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	7146 FOXWORTH CIR	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE NAME	D HAHN, ERNIE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	7040 SOMERTON BLVD	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE NAME	D ROHN, DEAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	7048 SOMERTON BLVD	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 another like empowered.

SIGNATURE:

Stan Swartz Pres. **STAN SWARTZ Pres.** 3-22-01 401/248-0579

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)