

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 11, 2008  
Secretary of State**

DOCUMENT# N93000001242

Entity Name: BAY RIDGE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 WEST SR 434  
STE. 5000  
LONGWOOD, FL 327795044 US

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST SR 434  
STE. 5000  
LONGWOOD, FL 327795044 US

**New Mailing Address:**

FEI Number: 59-3168677      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: CHERMAK, HERMAN  
Address: 8411 FOXWORTH CIR  
City-St-Zip: ORLANDO, FL 32819

Title: D ( ) Delete  
Name: CAPLAN, AMY  
Address: 7138 FOXWORTH CT  
City-St-Zip: ORLANDO, FL 32819

Title: PD ( ) Delete  
Name: KROL, MARK  
Address: 8333 FOXWORTH CIR  
City-St-Zip: ORLANDO, FL 32819

Title: D ( ) Delete  
Name: KOCAB, TOM  
Address: 7048 SOMERTON BLVD  
City-St-Zip: ORLANDO, FL 32819

Title: STD ( ) Delete  
Name: MEYER, JEANNE  
Address: 7006 SOMERTON BLVD  
City-St-Zip: ORLANDO, FL 32819

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK KROL

PD

04/11/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date