

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90205 014 \*\*\*\*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**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

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**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWARTZ, STAN		NAME		
STREET ADDRESS	8305 FOXWORTH CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32819		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCLEAN, IAIN		NAME	KROL, MARK	
STREET ADDRESS	7146 FOXWORTH CIRCLE		STREET ADDRESS	8333 FOXWORTH CIR	
CITY-ST-ZIP	ORLANDO FL 32819		CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUMMING, DON		NAME	SPARKS, CAROLYN	
STREET ADDRESS	8415 FOXWORTH CIR		STREET ADDRESS	7043 SOMERTON BLVD	
CITY-ST-ZIP	ORLANDO FL 32819		CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROHN, DEAN		NAME		
STREET ADDRESS	7048 SOMERTON BLVD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32819		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUMBACH, BOB		NAME		
STREET ADDRESS	8455 FOXWORTH CIR		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32819		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 all other like empowered.

SIGNATURE: *STANLEY SWARTZ* **STANLEY SWARTZ** 3/26/03

CR2E037 (10/02)