

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001242

Entity Name: BAY RIDGE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**6735 CONROY WINDERMERE RD.
SUITE 210
ORLANDO, FL 32835**Current Mailing Address:**6735 CONROY WINDERMERE RD.
SUITE 210
ORLANDO, FL 32835 US**FEI Number:** 59-3168677**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BEACON COMMUNITY MANAGEMENT
6735 CONROY WINDERMERE RD.
SUITE 210
ORLANDO, FL 32835 US*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**Officer/Director Detail :**

Title	DIRECTOR
Name	BAILEY, GINNY
Address	6735 CONROY WINDERMERE RD. STE 210
City-State-Zip:	ORLANDO FL 32835

Title	TREASURER, SECRETARY
Name	SPARKS, CAROLYN
Address	6735 CONROY WINDERMERE RD. STE 210
City-State-Zip:	ORLANDO FL 32835

Title	VP
Name	DAVIS, PHILIP
Address	6735 CONROY WINDERMERE RD. STE 210
City-State-Zip:	ORLANDO FL 32835

Title	PRESIDENT
Name	WHIDDEN, CHRIS
Address	6735 CONROY WINDERMERE RD. STE 210
City-State-Zip:	ORLANDO FL 32835

Title	DIRECTOR
Name	CONSOLVER, JOAN
Address	6735 CONROY WINDERMERE RD. SUITE 210
City-State-Zip:	ORLANDO FL 32835

I hereby 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 all other like empowered.

SIGNATURE: CHRIS WHIDDEN

PRESIDENT

04/30/2016

Electronic Signature of Signing Officer/Director Detail_____
Date