Electronic Signature of Signing Officer/Director Detail

above, or on an attachment with all other like empowered.

SIGNATURE: CAROLYN SPARKS

2015 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

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

Officer/Director Detail :

Title	DIRECTOR	Title	TREASURER, SECRETARY	
Name	JULIAN, SHANNON	Name	SPARKS, CAROLYN	
Address	6735 CONROY WINDERMERE RD. STE 210	Address	6735 CONROY WINDERMERE RD. STE 210	
City-State-Zip:	ORLANDO FL 32835	City-State-Zip:	ORLANDO FL 32835	
Title	VP	Title	PRESIDENT	
Name	FROELICH, JIM	Name	NORTON, MIKE	
Address	6735 CONROY WINDERMERE RD. STE 210	Address	6735 CONROY WINDERMERE RD. STE 210	
City-State-Zip:	ORLANDO FL 32835	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

SECRETARY

FILED Apr 30, 2015 Secretary of State CC8060890880

Certificate of Status Desired: No

04/30/2015

Date

Date