

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 704306 (0)

1. Corporation Name

BAY RIDGE TERRACE CIVIC ASSOCIATION, INCORPORATE  
D



Principal Place of Business

11419 59TH TERRACE NO.  
SEMINOLE FL 34642

Mailing Address

6500 114TH STREET N.  
SEMINOLE FL 34642

3. Date Incorporated or Qualified

07/20/1962

3a. Date of Last Report

06/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1035184

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

7. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRUNSGAARD, JAMES E. J.  
6500 114TH STREET N.  
SEMINOLE FL 34642

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE JAMES E. J. BRUNSGAARD - James E. J. Brunggaard, Treasurer 4/12/96  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating) DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME P  
STREET ADDRESS TEMPLETON, WILLIAM  
CITY-ST-ZIP 11354 67TH TERRACE N.  
SEMINOLE FL 34642

TITLE ☐ DELETE  
NAME VP  
STREET ADDRESS GILL, JEAN  
CITY-ST-ZIP 6400 114TH ST. NO.  
SEMINOLE FL 34642

TITLE ☐ DELETE  
NAME S  
STREET ADDRESS BRUNSGAARD, CAROL  
CITY-ST-ZIP 6500 114TH ST., N  
SEMINOLE FL

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS JOHNSON, DAVID  
CITY-ST-ZIP 11419 59TH TERRACE  
SEMINOLE FL

TITLE ☐ DELETE  
NAME T  
STREET ADDRESS BRUNSGAARD, JAMES  
CITY-ST-ZIP 6500 114TH ST., N  
SEMINOLE FL

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS LEVERENTZ, MARY  
CITY-ST-ZIP 11585 65 AVE N.  
SEMINOLE FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JAMES E. J. BRUNSGAARD - James E. J. Brunggaard, Treasurer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96 | 813-342-1941  
Date Daytime Phone #

CR2E037 (12/95)