## **FILE NOW: FILING FEE IS \$61.25**

Jun 25 1998 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # BAY RIDGE TERRACE CIVIC ASSOCIATION, INCORPORATE Principal Place of Business Mailing Address 11419 59TH TERRACE NO. 6500 114TH STREET N. 3. Date Incorporated or Qualified SEMINOLE FL 84642 SEMINOLE FL-34642 07/20/1962 4. FEI Number Applied For 59-1035184 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #. etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes No. Personal Property Tax due June 30. 24 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DAVID <u>4 02 440 TT</u> BRUNSGAARD, JAMES E. J. 82 Street Address (P.O. Box Number is Not Acceptable) 6500 114TH STREET N. 83 SEMINOLÉ FL 34642 Semino 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 (NOTE: Rec tered Abent signature required when reinstating) (10/97) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITLE 11 TITLE NAME TEMPLETON, WILLIAM 1.2 NAME 11354 67TH TERRACE N. STREET ADDRESS 1.3 STREET ADDRESS SEMINOLE FL 34642 CITY+ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ☐ Addition 2.1 TITLE TITLE GILL, JEAN NAME 2.2 NAME STREET ADDRESS 6400 114TH ST.NO. 2.3 STREET ADDRESS SEMINOLE FL 34642 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME BRUNSGAARD, CAROL 3.2 NAME STREET ADDRESS 6500 114TH ST., N 3.3 STREET ADDRESS SEMINOLE FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME JOHNSON, DAVID 4. 2 NAME 11419 59TH TERRACE 4.3 STREET ADDRESS STREET ADDRESS SEMINOLE FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE BRUNSGAARD, JAMES NAME 5.2 NAME 6500 114TH ST., N STREET ADDRESS 5.3 STREET ADDRESS SEMINOLE FL CITY-ST-ZIP 5.4 City-St-7iP DELETE TITLE 6.1 TITLE ☐ Change Addition LEVERENTZ, MARY 6.2 NAME 11585 65 AVE N.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**FILED** 

14. 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 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: San

STREET ADDRESS

CITY-ST-ZIP

SEMINOLE FL