

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90105 012 ****61.25

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DOCUMENT # 704306

1. Corporation Name

BAY RIDGE TERRACE CIVIC ASSOCIATION, INCORPORATE
D

Principal Place of Business

11419 59TH TERRACE NO.
SEMINOLE FL 33772
US

Mailing Address

6500 114TH STREET N.
SEMINOLE FL 33772
US



2. Principal Place of Business

21 11533 69TH AVE N
Suite, Apt. #, etc.

22 City & State
SEMINOLE FL

23 Zip Country
33772 USA

2a. Mailing Address

26 11533 69TH AVE N
Suite, Apt. #, etc.

27 City & State
SEMINOLE FL

28 Zip Country
33772 USA

3. Date Incorporated or Qualified

07/20/1962

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

9. Name and Address of Current Registered Agent

JOHNSON, J. DAVID
11419-59TH TERRACE
SEMINOLE FL 33772

10. Name and Address of New Registered Agent

81 Name JOHN K HANDY

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

11533 69TH AVE N
SEMINOLE FL 33772

83 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

John K Handy
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/99

12. OFFICERS AND DIRECTORS

TITLE ☒ D ☐ DELETE

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

TITLE ☐ VP ☐ DELETE

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

TITLE ☒ S ☐ DELETE

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

TITLE ☒ P ☐ DELETE

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

TITLE ☒ T ☐ DELETE

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

TITLE ☒ D ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

12 NAME JOHN K HANDY
13 STREET ADDRESS 69TH AVE N 11533
14 CITY-ST-ZIP SEMINOLE FL

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 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, on an attachment with an address, with all other like empowered.

SIGNATURE:

JOHN K HANDY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)