

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90050 031 \*\*\*\*61.25

**DOCUMENT # 704306**

1. Entity Name

**BAY RIDGE TERRACE CIVIC ASSOCIATION,  
INCORPORATED**



Principal Place of Business

**11219 66TH TER. N  
SEMINOLE FL 33772  
US**

Mailing Address

**11219 66TH TER. N  
SEMINOLE FL 33772  
US**

**JUU16370**



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1035184**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BREDESTEGE, LAWRENCE F  
11219 66TH TER. N  
SEMINOLE FL 33772**

Name

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

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
NAME **BREDESTEGE, LARRY**  
STREET ADDRESS **11219 66TH TERR. NORTH**  
CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **GILL, JOE**  
STREET ADDRESS **6400 114TH ST.NO.**  
CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☒ Delete  
NAME **KRAMD, ROBERT**  
STREET ADDRESS **11524 59TH TERR N.**  
CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE **T** ☒ Change ☐ Addition  
NAME **JAMES BRUNSGAARD**  
STREET ADDRESS **6500 114TH ST. N.**  
CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE **T** ☒ Delete  
NAME **MCAFFERY, EDWARD**  
STREET ADDRESS **11571 64TH AVE**  
CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE **D** ☒ Change ☐ Addition  
NAME **~~MCAFFERY, EDWARD~~**  
STREET ADDRESS **MCAFFERY EDWARD**  
CITY-ST-ZIP **11571 64TH AVE. N**  
**SEMINOLE FL 33772**

TITLE **D** ☐ Delete  
NAME **JIRINIC, RICHARD**  
STREET ADDRESS **11564 69TH AVE N**  
CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **MEKKAOU, ABDUL**  
STREET ADDRESS **6672 114TH ST N.**  
CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE **S** ☐ Change ☒ Addition  
NAME **ROSE ANN BREDESTEGE**  
STREET ADDRESS **11219 66TH TERR. N.**  
CITY-ST-ZIP **SEMINOLE FL 33772**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-5-05**

**727-392-6254**

Date

Daytime Phone #