

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90138 011 ****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

40048566



2. Principal Place of Business

11554-63 AVE N

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

04112006 Chg-NP CR2E037 (11/05)

City & State

Seminole FL

City & State

Same

4. FEI Number

59-1035184

Applied For

☐ Not Applicable

Zip

33772

Country

USA

Zip

33772

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

8. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Sue Johnston**

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

11554-63 Ave N

City **Seminole**

FL

Zip Code **33772**

9. 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 **SUE JOHNSTON**

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

[Signature]

(NOTE: Registered Agent signature required when re-registering)

4-11-06

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BREDESTEGE, LARRY	
STREET ADDRESS	11219 66TH TERR. NORTH	
CITY-ST-ZIP	SEMINOLE, FL 33772	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GILL, JOE	
STREET ADDRESS	6400 114TH ST. NO.	
CITY-ST-ZIP	SEMINOLE, FL 33772	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BRUNSGAARD, JAMES	
STREET ADDRESS	6500 114TH ST N	
CITY-ST-ZIP	SEMINOLE, FL 33772	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCAFFERY, EDWARD	
STREET ADDRESS	11571 64TH AVE	
CITY-ST-ZIP	SEMINOLE, FL 33772	
TITLE	D	<input type="checkbox"/> Delete
NAME	JIRINIC, RICHARD	
STREET ADDRESS	11564 69TH AVE N	
CITY-ST-ZIP	SEMINOLE, FL 33772	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BREDESTEGE, ROSE ANN	
STREET ADDRESS	11219 66TH TERR N	
CITY-ST-ZIP	SEMINOLE, FL 33772	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sue Johnston	
STREET ADDRESS	11554-63 Ave N	
CITY-ST-ZIP	Seminole, FL 33772	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Kramp	
STREET ADDRESS	11524 59 Terr N	
CITY-ST-ZIP	Seminole, FL 33772	
TITLE	Officer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul Maiko	
STREET ADDRESS	6373 114 ST N	
CITY-ST-ZIP	Seminole, FL 33772	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Taren Kramp	
STREET ADDRESS	11524-59 Terr N	
CITY-ST-ZIP	Seminole, FL 33772	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]* **SUE JOHNSTON** **4-11-06** **727-398-2478**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #