

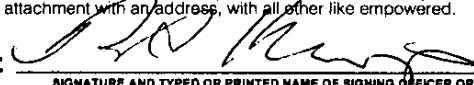


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90182 001 \*\*\*\*70.00

<b>DOCUMENT # 704306</b> 1. Entity Name <b>BAY RIDGE TERRACE CIVIC ASSOCIATION, INCORPORATED</b>					
Principal Place of Business 11554-63 AVE NORTH SEMINOLE, FL 33772 US				Mailing Address 11554-63 AVE NORTH SEMINOLE, FL 33772 US	
2. Principal Place of Business - No P.O. Box # 11524 59 TERRACE		3. Mailing Address 11524 59 TERRACE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State SEMINOLE, FL.		City & State SEMINOLE, FL.		02162007 Chg-NP CR2E037 (12/06)	
Zip 33772 Country US		Zip 33772 Country US		4. FEI Number 59-1035184	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  JOHNSTON, SUE 11554-63 AVE NORTH SEMINOLE, FL 33772			7. Name and Address of New Registered Agent Name KRAMP, ROBERT A. Street Address (P.O. Box Number is Not Acceptable)  11524 59 TERRACE City SEMINOLE FL Zip Code 33772		
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  04/16/2007 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME JOHNSTON, SUE STREET ADDRESS 11554-63 AVE NORTH CITY-ST-ZIP SEMINOLE, FL 33772	<input checked="" type="checkbox"/> Delete		TITLE P NAME KRAMP, ROBERT A. STREET ADDRESS 11524 59 TERRACE CITY-ST-ZIP SEMINOLE, FL. 33772	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME KRAMP, ROBERT STREET ADDRESS 11524 59TH TERR NORTH CITY-ST-ZIP SEMINOLE, FL 33772	<input checked="" type="checkbox"/> Delete		TITLE V/D NAME BRYANT, PHIL STREET ADDRESS 11562 66 AVE. CITY-ST-ZIP SEMINOLE, FL.33772	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME MAIKO, PAUL STREET ADDRESS 6373 114TH ST NORTH CITY-ST-ZIP SEMINOLE, FL 33772	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME MCAFFERY, EDWARD STREET ADDRESS 11571 64TH AVE CITY-ST-ZIP SEMINOLE, FL 33772	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME JIRINIC, RICHARD STREET ADDRESS 11564 69TH AVE N CITY-ST-ZIP SEMINOLE, FL 33772	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME KRAMP, KAREN STREET ADDRESS 11524-59TH TERR NORTH CITY-ST-ZIP SEMINOLE, FL 33772	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  PRES. 04/16/2007 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					