

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED****May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 93649 027 \*\*\*\*61.25

**DOCUMENT # 714858**

1. Entity Name

**BAY PORTE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**1501 BAYVIEW DRIVE  
APT 205  
FORT LAUDERDALE FL 33304  
US****1501 BAYVIEW DRIVE  
APT. 205  
FORT LAUDERDALE FL 33304**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0038083**☒ Applied For☒ Not Applicable5. 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

**HASTEREK, MARION  
1501 BAYVIEW DR. #201  
FT. LAUDERDALE FL 33301**

Name

**KEN OFFENTHER**

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

**1501 BAYVIEW DR #205**

City

**FORT LAUDERDALE**

FL

Zip Code

**33304**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-5-02****FILE NOW: FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **OFFENTHER, KEN**  
CITY-ST-ZIP **1501 BAYVIEW DRIVE  
FT. LAUDERDALE FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **HARTECOK, MARION**  
CITY-ST-ZIP **1501 BAYVIEW DRIVE  
FORT LAUDERDALE FL 33304**TITLE ☒ Change ☐ Addition  
NAME **VICE PRESIDENT  
HASTEREK, MARION**  
STREET ADDRESS **1501 BAYVIEW DR**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33304**TITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **NEELEY, VALORIE**  
CITY-ST-ZIP **1501 BAYVIEW DR, #203  
FT. LAUDERDALE FL 33304**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **BRUNO, JARED**  
CITY-ST-ZIP **1501 BAYVIEW DRIVE  
FT. LAUDERDALE FL 33304**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☒ Addition  
NAME **BLANDEN, JOHN**  
STREET ADDRESS **1501 BAYVIEW DR**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33304**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E037 (9/01)