

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722133

1. Entity Name

BAY VILLAGE CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90072 022 ****61.25

Principal Place of Business

Mailing Address

1790 S. TREASURE DRIVE
N. BAY VILLAGE FL 33141

1790 S. TREASURE DRIVE
N. BAY VILLAGE FL 33141-4389

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

RITTER, JOHN
SUITE 20
9040 SUNSET DRIVE
MIAMI FL 33173

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.

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

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 D
STREET ADDRESS SCHECHTER, MILTON
CITY-ST-ZIP 1790 S TREASURE DR, #2A
N BAY VILLAGE FL

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

TITLE ☐ Delete
NAME SD
STREET ADDRESS FOSTER, TIMOTHY
CITY-ST-ZIP 1790 S TREASURE DR #4A
N BAY VILLAGE FL 33141

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

TITLE ☐ Delete
NAME TD
STREET ADDRESS MIZRAHY, JACOBO
CITY-ST-ZIP 1790 S TREASURE DR #4B
N BAY VILLAGE FL 33141

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

TITLE ☐ Delete
NAME P
STREET ADDRESS CHAPMAN, CHERYL
CITY-ST-ZIP 1790 S TREASURE DR #4-A
N. BAY VILLAGE FL 33141

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

TITLE ☒ Delete
NAME D
STREET ADDRESS DURANT, JACK
CITY-ST-ZIP 1790 S. TREASURE DR., #4C
N. BAY VILLAGE FL 33141

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS POSSE, OSCAR
CITY-ST-ZIP 1790 S. TREASURE DR. #3A
NORTH BAY VILLAGE, FL. 33141

TITLE ☐ Delete
NAME VPD
STREET ADDRESS GARCES, CARLOS
CITY-ST-ZIP 1790 S TREASUR DR, #3A
N BAY VILLAGE FL 33141

TITLE ☐ 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:

Jacob Mizrahy JACOBO MIZRAHY 04/03/2000 305-868-0665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 19/99