

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 722133**

1. Entity Name

BAY VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1790 S. TREASURE DRIVE
N. BAY VILLAGE FL 33141****1790 S. TREASURE DRIVE
N. BAY VILLAGE FL 33141**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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 \$61.259. 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	D	☐ Delete
NAME	SCHECHTER, MILTON	
STREET ADDRESS	1790 S TREASURE DR, #2A	
CITY-ST-ZIP	N BAY VILLAGE FL	

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

TITLE	SD	☐ Delete
NAME	LA LLAVE, MICHELLE	
STREET ADDRESS	1790 S TREASURE DR #3B	
CITY-ST-ZIP	N BAY VILLAGE FL 33141	

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

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

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

TITLE	P	☐ Delete
NAME	BARZOLA, ANTHONY	
STREET ADDRESS	1790 S TREASURE DR #5A	
CITY-ST-ZIP	N. BAY VILLAGE FL 33141	

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

TITLE	D	☐ Delete
NAME	MARQUEZ, VIVIAN	
STREET ADDRESS	1790 S TREASURE DR #2B	
CITY-ST-ZIP	N. BAY VILLAGE FL 33141	

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

TITLE	VPD	☐ Delete
NAME	POSSE, OSCAR	
STREET ADDRESS	1790 S TREASUR DR, #3A	
CITY-ST-ZIP	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:

REQUIRE

CARLOS GARCES

March 31, 2002

205 575-6323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90358 018 ****61.25

702203



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)