

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2005 8:00 am**  
**Secretary of State**

02-22-2005 90031 002 \*\*\*\*61.25

**DOCUMENT # 725541**

1. Entity Name  
**BAY VIEW TERRACE CONDOMINIUM ASSOCIATION,  
INC.**



Principal Place of Business  
**117 7TH ST N  
BRADENTON BEACH, FL 34217**

Mailing Address  
**5500 MARINA DR  
1  
BRADENTON BEACH, FL 34217**

**50017749**



**DO NOT WRITE IN THIS SPACE**

01262005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-1878705**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**HEROLD, WILLIAM M. JR.  
5500 MARINA DR  
STE 1  
HOLMES BEACH, FL 34217**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME BOERIGTER, PAUL  
STREET ADDRESS 117 7TH ST N #36  
CITY-ST-ZIP BRADENTON BEACH, FL 34217

TITLE T  
NAME ANDERSON, TROY  
STREET ADDRESS 117 7ST N #17  
CITY-ST-ZIP BRADENTON BEACH, FL 34217

TITLE S  
NAME NUNN, MURIEL  
STREET ADDRESS 117 7ST N #2  
CITY-ST-ZIP BRADENTON BEACH, FL 34217

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

**2/14/05 941-744-2825**  
Date Daytime Phone #