

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727476

1. Entity Name

BALI WATERFRONT CONDOMINIUM ASSOCIATION, INC.

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90102 007 ****61.25

Principal Place of Business

2649 LAKE DR
8
SINGER ISLAND FL 33404
US

Mailing Address

2649 LAKE DR
8
SINGER ISLAND FL 33404
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number
59-2366963

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DELMONICA, JENNIFER
2638 LAKE DRIVE
SINGER ISLAND FL 33404

7. Name and Address of New Registered Agent

Name AMY GROSS
Street Address (P.O. Box Number is Not Acceptable)
2649 LAKE DRIVE
City SINGER ISLAND FL Zip Code 33404

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

TITLE
NAME MIZENER, SCOT
STREET ADDRESS 2649 LAKE DR
CITY-ST-ZIP SINGER ISLAND FL 33404 ☐ Delete

TITLE
NAME SAUTER, SANDRA
STREET ADDRESS 17 WHEELER DR ☐ Delete

TITLE
NAME PETRUSKA, JOE
STREET ADDRESS 96 UNION AVE
CITY-ST-ZIP PASSAIC NJ 07055 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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 P. SCHMITZENER

1-25-02 561-881-3000

CR2E037 (9/01)