

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State
 04-24-2001 90288 013 ****61.25

00/4440

DOCUMENT # 764807

1. Entity Name

BAY WINDS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~% ERIC B. ROBERTSON~~
~~7707 17TH AVENUE WEST~~
~~BRADENTON FL 34209~~

109 10TH ST. N. #121
 BRADENTON BEACH FL 34217
 US

2. Principal Place of Business

109 10th St. N.

3. Mailing Address

Suite, Apt. #, etc.
 #121

Suite, Apt. #, etc.

City & State

Bradenton Beach, FL

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip
 34217

Country
 USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LYCANS, CHERYL
 109 10TH ST. N. #121
 BRADENTON BEACH FL 34217

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 **D** ☐ Delete
 NAME **MILLER, JAN**
 STREET ADDRESS **1844 BAUER AVE**
 CITY-ST-ZIP **SANDUSKY OH 44820**

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

TITLE **ST** ☐ Delete
 NAME **LYCANS, CHERYL**
 STREET ADDRESS **109 10TH ST. N. #121**
 CITY-ST-ZIP **BRADENTON BEACH FL 34217**

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

TITLE **PR** ☒ Delete
 NAME **ROBERTSON, ERIC B**
 STREET ADDRESS **1712 78TH ST W**
 CITY-ST-ZIP **BRADENTON FL 34209**

TITLE **P** ☒ Change ☐ Addition
 NAME **Peter Costello**
 STREET ADDRESS **4363 Presidential Ave. Cir. E.**
 CITY-ST-ZIP **Bradenton, FL 34203**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **Terry Alexander**
 STREET ADDRESS **28 Lake Forest Ct. S.**
 CITY-ST-ZIP **St. Charles, MO 63301**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **Mitchell Ladewski**
 STREET ADDRESS **2941 Shelly Lane**
 CITY-ST-ZIP **Aurora, IL 60504**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)