

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

0070213

DOCUMENT # 770823

03-12-2001 90450 025 ****61.25

1. Entity Name

BAC BAY HEALTH AND RACQUET CLUB CONDOMINIUM ASSO

Principal Place of Business

Mailing Address

22796 ISLAND PINES WAY
 UNIT 121
 FT. MYERS BEACH FL 33931
 US

22796 ISLAND PINES WAY
 UNIT 121
 FT. MYERS BEACH FL 33931
 US

J J U U A U



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business *c/o*
Marquis Management

3. Mailing Address
c/o **Marquis Management**

Suite, Apt. #, etc.
9400 Gladiolus Dr. Suite 100

Suite, Apt. #, etc.
9400 Gladiolus Dr. Suite 100

City & State
Ft. Myers, Fl. 33908

City & State
Ft. Myers, Fl.

4. FEI Number **12-8308440**

Applied For
 Not Applicable

Zip Country
U.S.

Zip Country
33908 U.S.

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

WADSWORTH, HOWARD
22796 ISLAND PINES WAY
UNIT 121
FT. MYERS BEACH FL 33931

Name **ARLENE O'NEILL**
Marquis Management

Street Address (P.O. Box Number is Not Acceptable)

9400 Gladiolus Dr. Suite 100

City **Fort Myers** **FL** Zip Code **33908**

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 *Arlene O'Neill*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *2/22/01*

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 **PTD JOHNSON, LAVERNE**
 STREET ADDRESS **5463 N. LACROSSE AVE.**
 CITY-ST-ZIP **CHICAGO. IL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD WADSWORTH, HOWARD**
 STREET ADDRESS **22796 ISLAND PINES WAY UBIT 121**
 CITY-ST-ZIP **FORT MYERS BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD DEVITO, DANIEL**
 STREET ADDRESS **1882 KIMBALL ST**
 CITY-ST-ZIP **BROOKLYN NY 11234**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D CARMELO, CARUANA**
 STREET ADDRESS **399 RENFORTH DR.**
 CITY-ST-ZIP **ETHOBICOKE ON**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D WALKER, JOSEPH**
 STREET ADDRESS **315 DONORA**
 CITY-ST-ZIP **FT MYERS BEACH FL 33931**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 of Joseph Walker* **2/23/2001** **1-941-463-7243**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)