

2002 UNIFORM BUSINESS REPORT (UBR)

3/28

FILED
May 12, 2002 8:00 am
Secretary of State

03-28-2002 90360 019 ****61.25

DOCUMENT # 770823

1. Entity Name

**BAC BAY HEALTH AND RACQUET CLUB CONDOMINIUM ASSO
 CIATION, INC.**

Principal Place of Business

Mailing Address

C/O MARQUIS MANAGEMENT
 9400 GLADIOLUS DRIVE STE 100
 FORT MYERS FL 33908
 US

C/O MARQUIS MANAGEMENT
 9400 GLADIOLUS DRIVE STE 100
 FORT MYERS FL 33908
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

12-8308440

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~NEILL, ARLENE~~
~~MARQUIS MANAGEMENT~~
 9400 GLADIOLUS DRIVE STE 100
 FORT MYERS FL 33908

Name **PRIME MANAGEMENT GROUP**

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

Arlene O'Neill

2/28/02

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

TITLE **PRESIDENT TRUST** Change Addition
 NAME **JOHNSON, LAVERNE**
 STREET ADDRESS **5463 N. LACROSSE AVE.**
 CITY-ST-ZIP **CHICAGO, IL 60630**

TITLE **VD** Delete
 NAME **WADSWORTH, HOWARD**
 STREET ADDRESS **22798 ISLAND PINES WAY UBIT 121**
 CITY-ST-ZIP **FORT MYERS BEACH FL**

TITLE **VICE PRESIDENT** Change Addition
 NAME **WADSWORTH, HOWARD**
 STREET ADDRESS **22798 ISLAND PINES WAY #121**
 CITY-ST-ZIP **FORT MYERS BEACH, FL 33931**

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

TITLE **SECRETARY** Change Addition
 NAME **DEVITO, DANIEL**
 STREET ADDRESS **1882 KIMBALL STREET**
 CITY-ST-ZIP **BROOKLYN, NY 11234**

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

TITLE **DIRECTOR** Change Addition
 NAME **CARMELO, CARUANA**
 STREET ADDRESS **399 RENFORTH DRIVE**
 CITY-ST-ZIP **ETHOBICOKE, ONT.**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Laverne Johnson **LAVERNE JOHNSON**

3/14/02

941-463-7243

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2037 (9/01)