

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90484 050 ****61.25

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DOCUMENT # 770823

1. Entity Name

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



Principal Place of Business

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

Mailing Address

**2180 WEST SR 434
SUITE 5000
LONGWOOD FL 32779-5044**

2. Principal Place of Business

2180 W SR 434

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 5000

City & State

City & State

LONGWOOD FL

4. FEI Number ~~12-8308440~~
90-0014341

Applied For
Not Applicable

Zip

Country

Zip

Country

32779-5044

US

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

**O'NEILL, ARLENE
PRIME MANAGEMENT GROUP
9400 GLADIOLUS DRIVE STE 100
FORT MYERS FL 33908**

**JAMES W HART JR
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD FL 32779**

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 _____ DATE **4/21/03**

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
Florida 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 **PTD JOHNSON, LAVERNE**
STREET ADDRESS **22796 ISLAND PINES WAY #213**
CITY-ST-ZIP **FORT MYERS BEACH, FL 33931**

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 HECKMAN JOYCE**
STREET ADDRESS **22796 ISLAND PINES WAY # 111**
CITY-ST-ZIP **FORT 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: *Laverne Johnson* **Laverne Johnson** **2/10/03**

CR2E037 (10/02)