

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000008635

FILED
Apr 22, 2002 8:00 AM
Secretary of State

Entity Name: BAYLANDS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

149 OLD ENGLEWOOD RD.
ENGLEWOOD, FL 34223

New Principal Place of Business:

Current Mailing Address:

2375 N. BEACH RD. - UNIT 1B
ENGLEWOOD, FL 34223

New Mailing Address:

FEI Number: 01-0566865

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIPPI, JOSEPH
2375 N. BEACH RD. - UNIT 1B
ENGLEWOOD, FL 34223 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: MCQUAID, SUSAN
Address: 8 PALMER DR.
City-St-Zip: TIBURON, CA 94920

Title: DV () Delete
Name: GRIPPI, JOSEPH
Address: 2375 N. BEACH RD. - UNIT 1B
City-St-Zip: ENGLEWOOD, FL 34223

Title: DS () Delete
Name: MCQUAID, J. DENNIS
Address: 8 PALMER DR.
City-St-Zip: TIBURON, CA 94920

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: MCQUAID, SUSAN R
Address: 350 SECOND STREET EAST
City-St-Zip: SONOMA, CA 95476

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: MCQUAID, J. DENNIS
Address: 350 SECOND STREET EAST
City-St-Zip: SONOMA, CA 95476

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN R. MCQUAID

Electronic Signature of Signing Officer or Director

DPT

04/22/2002

Date