

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001242 (7)

1. Corporation Name

BAY RIDGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

503 NORTH ORLANDO AVE.
SUITE 105
COCOA BEACH FL 32931503 NORTH ORLANDO AVE.
SUITE 105
COCOA BEACH FL 32931-3171

2. Principal Place of Business

21 2180 WEST SR 434

Suite, Apt. #, etc.

22 STE 5000

City & State

23 LONGWOOD FL

Zip

24 32779-5044

Country

25 USA

2a. Mailing Address

26 2180 WEST SR 434

Suite, Apt. #, etc.

27 STE 5000

City & State

28 LONGWOOD FL

Zip

29 32779-5044

Country

30 USA

3. Date Incorporated or Qualified

03/16/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3168677

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SHOEMAKER, JOHN B
503 NORTH ORLANDO AVE.
SUITE 105
COCOA BEACH FL 32932-0757

10. Name and Address of New Registered Agent

81 Name

JAMES W. HART JR

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

SENTRY MANAGEMENT, INC.

83

2180 WEST SR 434, STE 5000

84 City

LONGWOOD

FL

85 Zip Code

32779

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/97

12.

OFFICERS AND DIRECTORS

TITLE	DPS	<input checked="" type="checkbox"/> DELETE
NAME	SHOEMAKER, JOHN B	
STREET ADDRESS	503 N. ORLANDO AVE., SUITE 105	
CITY-ST-ZIP	COCOA BEACH FL 32931	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SWARTZ, STANLEY E.	
STREET ADDRESS	8305 FOXWORTH CIRCLE	
CITY-ST-ZIP	ORLANDO FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BENGHIAT, DAVID	
STREET ADDRESS	503 N ORLANDO AVE SUITE 105	
CITY-ST-ZIP	COCOA BEACH FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CHERMAK, HERMAN	
1.3 STREET ADDRESS	8411 FOXWORTH CIR	
1.4 CITY-ST-ZIP	ORLANDO FL 32819	

2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SWARTZ, STANLEY	
2.3 STREET ADDRESS	8305 FOXWORTH CIR	
2.4 CITY-ST-ZIP	ORLANDO FL 32819	

3.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KOFAHL, DUANE	
3.3 STREET ADDRESS	7047 SOMERTON BLVD	
3.4 CITY-ST-ZIP	ORLANDO FL 32819	

4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	KLINE, RICHARD	
4.3 STREET ADDRESS	8325 FOXWORTH CIR	
4.4 CITY-ST-ZIP	ORLANDO FL 32819	

5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SHEILDS, DONALD	
5.3 STREET ADDRESS	7019 SOMERTON BLVD	
5.4 CITY-ST-ZIP	ORLANDO FL 32819	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: X

Stanley E. Swartz
DIRECTOR

4-8-97

407/248-0579

CR2E037 (9/96)