

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001242

1. Entity Name

BAY RIDGE CONDOMINIUM ASSOCIATION, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90067 047 ****61.25

Principal Place of Business

Mailing Address

2180 WEST SR 434
STE. 5000
LONGWOOD FL 32779-5044
US

2180 WEST SR 434
STE. 5000
LONGWOOD FL 32779
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3168677

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

HART, JAMES W JR.
SENTRY MANAGEMENT INC.
2180 WEST SR 434, STE. 5000
LONGWOOD FL 32779

Name

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

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	STD	<input checked="" type="checkbox"/> Delete
NAME	UMSTADTER, LARRY	
STREET ADDRESS	7011 SOMERTON BLVD	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ROSIN, AL	
STREET ADDRESS	8302 FOXWORTH CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONSOLVER, JOAN	
STREET ADDRESS	8402 FOXWORTH CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHIELDS, DONALD	
STREET ADDRESS	7019 SOMERTOWN BLVD.	
CITY-ST-ZIP	ORLANDO FL	
		<input type="checkbox"/> Delete
		<input type="checkbox"/> Delete

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PORTER, JAMES	
STREET ADDRESS	7031 SOMERTON BLVD	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAAD, LYNNE	
STREET ADDRESS	8341 FOXWORTH CIR	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOFAHL, DUANE	
STREET ADDRESS	7047 SOMERTON BLVD	
CITY-ST-ZIP	ORLANDO FL 32819	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

James W. Porter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/00 407-628-1499
Date

Daytime Phone #

CR2E037 (9/99)