

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001242

1. Entity Name

BAY RIDGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3168677

Applied For

Not Applicable

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 PD
NAME PORTER, JAMES
STREET ADDRESS 7031 SOMERTON BLVD
CITY-ST-ZIP ORLANDO FL 32819 ☒ Delete

TITLE PD
NAME SWARTZ, STAN
STREET ADDRESS 8305 FOXWORTH CIR
CITY-ST-ZIP ORLANDO FL 32819 ☐ Change ☒ Addition

TITLE SD
NAME SAAD, LYNNE
STREET ADDRESS 8341 FOXWORTH CIR
CITY-ST-ZIP ORLANDO FL 32819 ☒ Delete

TITLE D
NAME MCLEAN, IAIN
STREET ADDRESS 7146 FOXWORTH CIR
CITY-ST-ZIP ORLANDO FL 32819 ☐ Change ☒ Addition

TITLE TD
NAME CONSOLVER, JOAN
STREET ADDRESS 8402 FOXWORTH CIRCLE
CITY-ST-ZIP ORLANDO FL 32819 ☒ Delete

TITLE D
NAME HAHN, ERNIE
STREET ADDRESS 7040 SOMERTON BLVD
CITY-ST-ZIP ORLANDO FL 32819 ☐ Change ☒ Addition

TITLE D
NAME KOFAHL, DUANE
STREET ADDRESS 7047 SOMERTON BLVD
CITY-ST-ZIP ORLANDO FL 32819 ☒ Delete

TITLE D
NAME ROHN, DEAN
STREET ADDRESS 7048 SOMERTON BLVD
CITY-ST-ZIP ORLANDO FL 32819 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 another like empowered.

SIGNATURE:

Stan Swartz, Pres. 3-22-01 401/248-0579
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90318 012 ****61.25

00030690



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)