

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001242

1. Entity Name

BAY RIDGE CONDOMINIUM ASSOCIATION, INC.

FILED

May 14, 2002 8:00 am
Secretary of State

05-14-2002 90211 037 ****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 32779-5044
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 ☐ Delete
NAME SWARTZ, STAN
STREET ADDRESS 8305 FOXWORTH CIRCLE
CITY-ST-ZIP ORLANDO FL 32819

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

TITLE D ☐ Delete
NAME MCLEAN, IAIN
STREET ADDRESS 7146 FOXWORTH CIRCLE
CITY-ST-ZIP ORLANDO FL 32819

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

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

TITLE D ☐ Change ☒ Addition
NAME CUMMING, DON
STREET ADDRESS 8415 FOXWORTH CIR
CITY-ST-ZIP ORLANDO, FL 32819

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Change ☒ Addition
NAME BAUMBACH, BOB
STREET ADDRESS 8455 FOXWORTH CIR
CITY-ST-ZIP ORLANDO, FL 32819

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:

Stan Swartz **STAN SWARTZ**, PRES. 3/26/02 407/248-0579
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)