2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001242

FILED Mar 16, 2005 Secretary of State

Entity Name: BAY RIDGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2180 WEST SR 434 STE. 5000

LONGWOOD, FL 327795044 US

New Mailing Address: Current Mailing Address:

2180 WEST SR 434 STE. 5000

LONGWOOD, FL 327795044 US

FEI Number: 59-3168677 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

KROL, MARK CHERMAK, HERMAN Name: Name: 8333 FOXWORTH CIR Address: 8411 FOXWORTH CIR Address: City-St-Zip: ORLANDO, FL 32819 City-St-Zip: ORLANDO, FL 32819

Title: STD () Delete Title: VPD (X) Change () Addition SPARKS, CAROLYN Name: CAPLAN, AMY Name:

Address: 7043 SOMERTON BLVD Address: 7138 FOXWORTH CT City-St-Zip: ORLANDO, FL 32819 City-St-Zip: ORLANDO, FL 32819

Title: () Delete Title: STD (X) Change () Addition BAUMBACH, BOB KROL, MARK Name: Name:

8455 FOXWORTH CIR 8333 FOXWORTH CIR Address: Address:

City-St-Zip: ORLANDO, FL 32819 City-St-Zip: ORLANDO, FL 32819

(X) Change () Addition Title: () Delete Title: D

Name: ROHN, DEAN Name: MCLEAN, IAIN 7048 SOMERTON BLVD 7146 FOXWORTH CIR Address: Address: City-St-Zip: ORLANDO, FL 32819 City-St-Zip: ORLANDO, FL 32819

Title: () Delete Title: (X) Change () Addition

SMITH, TOM MATNEY, GISELA Name: Name: 8320 FOXWORTH CIR 8337 FOXWORTH CIR Address: Address: City-St-Zip: ORLANDO, FL 32819 City-St-Zip: ORLANDO, FL 32819

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: HERMAN CHERMAK PD 03/16/2005