2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001242

FILED Mar 13, 2006 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

Current Mailing Address: New 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

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: D (X) Change () Addition Name: CHERMAK, HERMAN Name: CHERMAK, HERMAN

Address: 8411 FOXWORTH CIR Address: 8411 FOXWORTH CIR City-St-Zip: ORLANDO, FL 32819 City-St-Zip: ORLANDO, FL 32819

Title: VPD () Delete Title: () Change () Addition Name: CAPLAN, AMY Name:

 Name:
 CAPLAN, AMY
 Name:

 Address:
 7138 FOXWORTH CT
 Address:

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

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

 Name:
 KROL, MARK
 Name:
 KROL, MARK

 Address:
 8333 FOXWORTH CIR
 Address:
 8333 FOXWORTH CIR

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

Title: D () Delete Title: STD (X) Change () Addition Name: MCLEAN, IAIN Name: ROGELL, FRANCES

Address: 7146 FOXWORTH CIR Address: 3611 NW 24TH BLVD BLDG 9-112

City-St-Zip: ORLANDO, FL 32819 City-St-Zip: GAINESVILLE, FL 32605

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

 Name:
 MATNEY, GISELA
 Name:
 MEYER, JEANNE

 Address:
 8337 FOXWORTH CIR
 Address:
 7006 SOMERTON BLVD

 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 Chapter 119, 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: MARK KROL PD 03/13/2006