

FILED
May 29, 2001 8:00 am
Secretary of State

04-30-2001 90097 039 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002457

1. Entity Name

BAY ESTATES NORTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2802 TERRA CEIA BAY BLVD.
 PALMETTO FL 34221

2802 TERRA CEIA BAY BLVD.
 PALMETTO FL 34221

3733



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0759516

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

BOWLES, ROBERT E
2802 TERRA CEIA BAY BLVD.
PALMETTO FL 34221

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	<input checked="" type="checkbox"/> Delete
NAME	ZEHNER, A A	
STREET ADDRESS	15933 CLAYTON ROAD	
CITY-ST-ZIP	BALLWIN MO 63022-0100	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	TEPPER, JAMES D	
STREET ADDRESS	15933 CLAYTON ROAD	
CITY-ST-ZIP	BALLWIN MO 63022-0100	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	MCCARTNEY, MIKE	
STREET ADDRESS	2802 TERRA CEIA BAY BLVD	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WESSTENDORF, P	
STREET ADDRESS	3118 LIVE OAK LANE	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EARL WETENKAMP	
STREET ADDRESS	1603 TERRA CEIA BAY CIRCLE	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENNIS J. O'MALLEY	
STREET ADDRESS	3116 LIVE OAK LANE	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONALD WEIDMAN	
STREET ADDRESS	1603 TERRA CEIA BAY CIRCLE	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY LOU CUSHING	
STREET ADDRESS	1514 TERRA CEIA BAY CIR.	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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 the empowered

SIGNATURE:

Dennis J. O'Malley TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/01

Date

941-758-9454

Daytime Phone #

CR2E037 (10/00)