

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 174188

**FILED**  
**Feb 19, 2014**  
**Secretary of State**  
**CC2124348416**

**Entity Name:** BAYRIDGE CORPORATION

**Current Principal Place of Business:**

137 PIPPIN DRIVE  
ISLAMORADA, FL 33036

**Current Mailing Address:**

P.O. BOX 1146  
ISLAMORADA, FL 33036

**FEI Number:** 59-0965810

**Certificate of Status Desired:** No

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

PEDERSEN, LOUISE R  
121 PIPPIN DRIVE  
ISLAMORADA, FL 33036 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

**Officer/Director Detail :**

Title VP  
Name KLEIN, MARYBETH  
Address 113 PIPPIN DRIVE  
City-State-Zip: ISLAMORADA FL 33036

Title T  
Name PORTER, VICTOR  
Address 112 PIPPIN DRIVE  
City-State-Zip: ISLAMORADA FL 33036

Title P  
Name PEDERSEN, LOUISE R  
Address 121 PIPPIN DRIVE  
City-State-Zip: ISLAMORADA FL 33036

Title S  
Name TEACH, JOAN  
Address 122 PIPPIN DR.  
City-State-Zip: ISLAMORADA FL 33036

Title D  
Name MORRIS, PATRICIA S  
Address 109 PIPPIN DRIVE  
City-State-Zip: ISLAMORADA FL 33036

*I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LOUISE R PEDERSEN

**PRESIDENT**

**02/19/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date