



Filed  
Secretary of State  
State of Washington  
Date Filed: 09/27/2018  
Effective Date: 09/27/2018  
UBI #: 601 819 792

## Annual Report

### BUSINESS INFORMATION

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Business Name:

**BAY RIDGE COMMUNITY CLUB**

UBI Number:

**601 819 792**

Business Type:

**WA NONPROFIT CORPORATION**

Business Status:

**ACTIVE**

Principal Office Street Address:

**4550 BIRCH BAY LYNDEN RD, # F116, BLAINE, WA, 98230, UNITED STATES**

Principal Office Mailing Address:

Expiration Date:

**09/30/2019**

Jurisdiction:

**UNITED STATES, WASHINGTON**

Formation/Registration Date:

**09/22/1997**

Period of Duration:

**PERPETUAL**

Inactive Date:

Nature of Business:

**HOMEOWNERS ASSOCIATION**

**REGISTERED AGENT** [RCW 23.95.410](#)

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Registered Agent Name	Street Address	Mailing Address
SCOT SWANSON	900 DUPONT ST, BELLINGHAM, WA, 98225-3105, UNITED STATES	900 DUPONT ST, BELLINGHAM, WA, 98225-3105, UNITED STATES

### PRINCIPAL OFFICE

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Phone:

Email:

**RENEWALSSSS@BELCHERSWANSON.COM**

Street Address:

4550 BIRCH BAY LYNDEN RD, # F116, BLAINE, WA, 98230, USA

Mailing Address:

## GOVERNORS

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Title	Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		TIM	SPRINGSTEAD
GOVERNOR	INDIVIDUAL		TERRY	WHINERY
GOVERNOR	INDIVIDUAL		SONJA	OLSEN
GOVERNOR	INDIVIDUAL		JUDITH	JONES
GOVERNOR	INDIVIDUAL		YURY	AGEYEV
GOVERNOR	INDIVIDUAL		RICHARD	MOON

## NATURE OF BUSINESS

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HOMEOWNERS ASSOCIATION

## EFFECTIVE DATE

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Effective Date:

09/27/2018

## CONTROLLING INTEREST

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1. Does your company own real property (including leasehold interests) in Washington?

**NO**

2. Has there been a transfer of stock, other financial interest change, or an option agreement exercised during the last 12 months that resulted in a transfer of controlling interest?

**NO**

3. Has an option agreement been executed in the last 12 months allowing for the future purchase or acquisition of the entity, that, if exercised would result in a transfer of controlling interest?

**NO**

You must contact the Washington State Department of Revenue to report a Controlling Interest Transfer **IF**:

\* This company owns land, buildings or other real estate in Washington State,

**AND**

\* Answered "YES" to questions 2 or 3 above.

Failure to report a Controlling Interest Transfer is subject to penalty provisions of RCW 82.45.220.

For more information on **Controlling Interest**, please call the Department of Revenue at (360) 534-1503, option 1, or visit [www.dor.wa.gov/REET](http://www.dor.wa.gov/REET)

## RETURN ADDRESS FOR THIS FILING

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Attention:

Email:

Address:

## UPLOAD ADDITIONAL DOCUMENTS

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Do you have additional documents to upload? **No**

## EMAIL OPT-IN

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This document is a public record. For more information visit [www.sos.wa.gov/corps](http://www.sos.wa.gov/corps)

Work Order #: 2018092700452600 - 2

Received Date: 09/27/2018

Amount Received: \$10.00

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By checking this box, I hereby opt into receiving all notifications from the Secretary of State for this entity via email only. I acknowledge that I will no longer receive paper notifications.

## AUTHORIZED PERSON

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I am an authorized person.

Person Type:

**INDIVIDUAL**

First Name:

**SCOT**

Last Name:

**SWANSON**

Title:

This document is hereby executed under penalty of law and is to the best of my knowledge, true and correct.