

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 718293 (4)**  
1. Corporation Name  
**BAYVIEW CONDOMINIUM, INC.**



Principal Place of Business Mailing Address  
**P O BOX 189013 PLANTATION FL 33318** **P O BOX 189013 PLANTATION FL 33318**

3. Date Incorporated or Qualified **03/30/1970** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **59-1491351** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 28 Zip 29 Country 30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**SUMMIT PROPERTY MANAGEMENT  
6289 W SUNRISE BLVD  
SUITE 202  
SUNRISE FL 33313**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<del>TO</del> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>FORO, EWALIA</del>	1.2 NAME <i>Rafael Letourneau</i>
STREET ADDRESS	<del>1345 LINCOLN RD., STE. 902</del>	1.3 STREET ADDRESS <i>1345 Lincoln Rd, #503</i>
CITY-ST-ZIP	<del>MIAMI BEACH FL</del>	1.4 CITY-ST-ZIP <i>Miami Beach, FL</i>
TITLE	<del>D</del> <input checked="" type="checkbox"/> DELETE	2.1 TITLE <i>VP</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>SEBASTIAN, JOAQUIN</del>	2.2 NAME <i>Jackie Woodward</i>
STREET ADDRESS	<del>1345 LINCOLN RD., SUITE 903</del>	2.3 STREET ADDRESS <i>1345 Lincoln Rd, #905</i>
CITY-ST-ZIP	<del>MIAMI BEACH FL</del>	2.4 CITY-ST-ZIP <i>Miami Beach, FL</i>
TITLE	<del>SD</del> <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>FRUCHTER, MARTHA</del>	3.2 NAME
STREET ADDRESS	<del>1345 LINCOLN RD. STE. 402</del>	3.3 STREET ADDRESS
CITY-ST-ZIP	<del>MIAMI BEACH FL</del>	3.4 CITY-ST-ZIP
TITLE	<del>D</del> <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>REYES, RAFAEL</del>	4.2 NAME
STREET ADDRESS	<del>1345 LINCOLN RD. #604</del>	4.3 STREET ADDRESS
CITY-ST-ZIP	<del>MIAMI BEACH FL</del>	4.4 CITY-ST-ZIP
TITLE	<del>PD</del> <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>ARMAYOR, RAFAEL</del>	5.2 NAME
STREET ADDRESS	<del>1345 LINCOLN RD., SUITE 806</del>	5.3 STREET ADDRESS
CITY-ST-ZIP	<del>MIAMI BCH FL</del>	5.4 CITY-ST-ZIP
TITLE	<del>D</del> <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>CONSUEGRA, LAZARO</del>	6.2 NAME
STREET ADDRESS	<del>1345 LINCOLN RD., SUITE 905</del>	6.3 STREET ADDRESS
CITY-ST-ZIP	<del>MIAMI BCH FL</del>	6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)