NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 724869

1. Corporation Name

BAYVIEW POINT NO CONDOMINIUM ASSOC INC

-rincipal Place of Business									
3770 N.E. 171	STREET								
NODEL LUARS	DEACH CL	22160							

2. Principal Place of Business

21

Mailing Address

3770 N.E. 171 STREET

2a. Mailing Address

26

NORTH MIAMI BEACH FL 33160

FILED Mar 09, 1999 8:00 am § Secretary of State

03-09-1999 90017 025 ****61.25

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3. Date Incorporated or Qualifed

11/22/1972

S	uite,	Apt. #, etc. [Suite, Apt. #, etc.		FO COCTACT				Appi	led For			
22	i	,	27		59-2357157				Not	Applicable			
C	itv &	State	- City & State				4 6770 (100 100 100 100 100 100 100 100 100 1		\$8.75_Ac	ditional			
23	1	· - —	28		5. Certifica	ite of Status Desired		Fee Req					
Z	ip '	Country	Zíp	Country	ountry 6. Election Carr		n Campaign Financing		\$5.00 N	fay Be			
24	1	25	29 30			Trust Fund Contribution			Added to	Fees			
	ı	9. Name and Address of Current Re	egistered Agent			10. Name and Address of New Registered Agent							
	FRIEDMAN, MINERVA ALEJANORO DIAZ				81 Name 82 Street Address (P.O. Box Number is Not Acceptable)								
_													
				3 Street Address (F.O. Box Humber is Not Acceptable)									
-	NORTH MIAMI BEACH FL 33160 N. MIAMI BEACH, FL				83								
N													
	[i la citat			84 City					85 Zip Code			
-44		40-4-047.0502	<u> </u>	466-	to somed	comparation submit	e this statement for the	nurnose of i	 changing its re	egistered			
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.													
	agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.												
SIG	SIGNATURE THE Fund w 196 pession (NOTE: Registered Agent signature required when reinstating) Pare DATE												
45		Signature, typed or printed name of registered agent and		13.	ent signature r		NS/CHANGES TO OF	ICERS AN	DDIRECTOR	S IN 12			
12.		OFFICERS AND E	DIRECTORS DELETE			PD	<u></u>	102110741	Change	Addition			
TITLE	į	PD	CR DELETE	1.1 TITLE			15-504.00 -						
NAME		DIAZ, ACEJANDRO		1.2 NAME		DINE	LEJANDAG.		•	1			
STREE	TADD			1.3 STREE	ET ADDRESS		E. 171 37 STA			1			
CITY-	ST-ZIP.	NORTH MIAMI BEACH FL 33160		1.4 CITY-	ST-ZIP	N. MIAMI C	DEACH FL 331	60					
TITLE		VSD	DELETE	2.1 TITLE		VTD	,		Change	☐ Addition			
NAME		SANCHEZ, RAYMOND		2.2 NAME		SANGHEZ	., RAYMOND						
STREE	ET ADD	RESS 3770 N.E. 171 STREET		2.3 STREE	ET ADDRESS	3770 N.E	171 57 37R	261		1			
CITY-	ST-ZIP	NORTH MIAMI BEACH FL 33160		2. 4 CTY-	ST-ZIP	N. MIAMI	BEACH, FC 331	60					
TITLE		TD	DELETE 3.11			50	,		Change	Addition			
NAME		PELTZMAN, HERBERT		3.2 NAME		CRUZ, MI							
STREE	T ADO	RESS 3770 N.E. 171 STREET				3770 0.8	171 57 STREE	1					
	ST-ZIP	MODEL MANIERACH EL 20160	·			N-MIAMI	BEACH FL33	16 <u> </u>					
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NAME		i		4, 2 NAME			٠			1			
	Et add	l DEGG		4.3 STREE	ET ADDRESS		•						
				4.4 CITY-						į			
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	ET ADD	· · · · ·		5.4 CITY-					, 1				
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NAME	, , ,	de de la companya de		6.2 NAME					•				
	ET ADD				ET ADDRESS				-				
CITY-	ST-ZIP	<u> </u>		6.4 CITY-	ST-ZIP								

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 cha