

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 724882 (6)

1. Corporation Name
BAYVIEW POINT SO CONDOMINIUM ASSOC INC



Principal Place of Business Mailing Address
3601 N.E. 170TH STREET 3601 N.E. 170TH STREET
N. MIAMI BCH. FL 33160-3149 N MIAMI BCH. FL 33160-3149

3. Date Incorporated or Qualified **11/28/1972** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address
Bayview Point Southland 3601 NE 170th St.

4. FEI Number **59-1562862** Applied For Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State **N Miami Beach FL** 28 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip **33160-3149** 25 Country **USA** 29 Zip 30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
GREENFIELD, GERALD
3601 NE 170TH ST
N MIAMI BCH. FL 33160

10. Name and Address of New Registered Agent
 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	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	GREENFIELD, GERALD
STREET ADDRESS	3601 NE 170TH ST
CITY - ST - ZIP	N MIAMI BCH. FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BLUMBERG, HARRIET <i>Harriet Blumberg</i>
STREET ADDRESS	3601 NE 170TH ST
CITY - ST - ZIP	N MIAMI BCH. FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	BLEIER, HELENE V. U.
STREET ADDRESS	3601 NE 170TH ST
CITY - ST - ZIP	N MIAMI BCH. FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	KELTON, PAUL
STREET ADDRESS	3601 NE 170 ST.
CITY - ST - ZIP	N. MIAMI BEACH FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	WITT, BERNICE
STREET ADDRESS	3601 NE 170TH ST
CITY - ST - ZIP	N MIAMI BCH. FL
TITLE	D <input type="checkbox"/> DELETE
NAME	KURZ, ARLENE
STREET ADDRESS	3601 NE 170TH ST
CITY - ST - ZIP	N MIAMI BCH. FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<i>Luís V. V.</i>
1.3 STREET ADDRESS	<i>3601 NE 170 St.</i>
1.4 CITY - ST - ZIP	<i>N.M.B. FL</i>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>[Signature]</i>
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)