

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 724882 (6)

1. Corporation Name
BAYVIEW POINT SO CONDOMINIUM ASSOC INC



Principal Place of Business 1717 NORTH BAYSHORE DRIVE SUITE 103 MIAMI FL 33132 US	Mailing Address 3601 N.E. 170 STREET NORTH MIAMI, FL 33160 US
--	---

3. Date Incorporated or Qualified 11/28/1972	
4. FEI Number 59-1562862	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**VILA, LUIS
 3601 N.E. 170 STREET
 # 607
 NORTH MIAMI BEACH 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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P D	<input type="checkbox"/> DELETE
NAME	LUIS, VILA	
STREET ADDRESS	3601 N.E. 170 STREET, # 607	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	VP D	<input checked="" type="checkbox"/> DELETE
NAME	KORZ, ARLENE	
STREET ADDRESS	3601 N.E. 170 STREET, # 405	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	T D	<input type="checkbox"/> DELETE
NAME	BLEIER, HELENE	
STREET ADDRESS	3601 N.E. 170 STREET, # 307	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	S D	<input type="checkbox"/> DELETE
NAME	GALLAGHER, MELISSA	
STREET ADDRESS	3601 N.E. 170 STREET, # 501	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	VP D	<input type="checkbox"/> DELETE
NAME	ROCHLIN, ARTHOR	
STREET ADDRESS	3601 N.E. 170 STREET, # 407	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SABATINO, VINCENT	
STREET ADDRESS	3601 N.E. 170 STREET, # 606	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
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 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 changed, or on an attachment with an address.

SIGNATURE: *[Signature]* President **1-13-98 (305) 944-3602**

CR2E037 (10/97)