

FILE NOW: FILING FEE IS \$61.25

APPROVED AND FILED

99 OCT 19 PM 12:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>724882</b>			
1. Corporation Name <b>BAYVIEW POINT SO CONDOMINIUM ASSOC INC</b>			
Principal Place of Business 1717 NORTH BAYSHORE DRIVE SUITE 100 MIAMI FL 33132 US		Mailing Address 3601 N.E. 170 STREET NORTH MIAMI, FL 33160 US	

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	11/28/1972	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	59-1562662	
24	Country	29	Country	5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
VILA, LUIS 3601 N.E. 170 STREET # 607 NORTH MIAMI BEACH FL 33160				B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when submitting)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P D	<input type="checkbox"/> DELETE	1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LUIS, VILA		1.2 NAME	MARTIN, SERGIO			
STREET ADDRESS	3601 N.E. 170 STREET, # 607		1.3 STREET ADDRESS	3601 N.E. 170 STREET, # 505			
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160		1.4 CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160			
TITLE	T D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BLEIER, HELENE		2.2 NAME	DIDERMAN, AULYSON			
STREET ADDRESS	3601 N.E. 170 STREET, # 307		2.3 STREET ADDRESS	3601 N.E. 170 STREET # 504			
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160		2.4 CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160			
TITLE	S D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GALLAGHER, MELISSA		3.2 NAME	DE LUCA, YVONNE			
STREET ADDRESS	3601 N.E. 170 STREET, # 501		3.3 STREET ADDRESS	3601 N.E. 170 STREET # 401			
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160		3.4 CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160			
TITLE	VPO	<input type="checkbox"/> DELETE	4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ROCHLIN, ARTHOR		4.2 NAME	GALLART, FRANK			
STREET ADDRESS	3601 N.E. 170 STREET, # 407		4.3 STREET ADDRESS	3601 N.E. 170 STREET, # 302			
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160		4.4 CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160			
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SABATINO, VINCENT		5.2 NAME				
STREET ADDRESS	3601 N.E. 170 STREET, # 606		5.3 STREET ADDRESS				
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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)(c), 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, with either the empowered.

SIGNATURE: SIGNATURE REQUIRED 1/5/99 (705) 944-3602

CR2E037 (11/98)