

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 # 725156 (4) 2365
1. Corporation Name
BAYSWATER COURT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
221 SW 22N AVENUE, SUITE 200B MIAMI FL 33135
221 SW 22N AVENUE, SUITE 200B MIAMI FL 33135

3. Date Incorporated or Qualified 01/02/1973
3a. Date of Last Report 05/01/1995

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

4. FEI Number 59-1532837 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

9. Name and Address of Current Registered Agent
GORDON, VIRGINIA
2935 N.E. 163 ST., #6-L
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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, VIRGINIA	1.2 NAME	
STREET ADDRESS	2935 NE 163 ST., #6-L	1.3 STREET ADDRESS	
CITY - ST - ZIP	N MIAMI BEACH FL	1.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALBATO, VINCENT	2.2 NAME	
STREET ADDRESS	2935 NE 163 ST 4-S	2.3 STREET ADDRESS	
CITY - ST - ZIP	N MIAMI BEACH FL	2.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPLAN, MILTON	3.2 NAME	
STREET ADDRESS	2935 NE 163 ST #4-U	3.3 STREET ADDRESS	
CITY - ST - ZIP	N MIAMI BEACH FL	3.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGER, HANS	4.2 NAME	CAPLAN, SHIRLEY
STREET ADDRESS	2935 NE 163 ST #2-M	4.3 STREET ADDRESS	2935 N.E. 163 ST.
CITY - ST - ZIP	N MIAMI BCH. FL	4.4 CITY - ST - ZIP	NO. MIAMI BEACH, FL. 33160
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIDLER, SAMUEL	5.2 NAME	CHAIT, HAROLD
STREET ADDRESS	2935 NE 163 ST 4-A	5.3 STREET ADDRESS	2935 N.E. 163 ST.
CITY - ST - ZIP	N MIAMI BCH. FL	5.4 CITY - ST - ZIP	NO. MIAMI BEACH, FL. 33160
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY, FRED	6.2 NAME	MONTERO, RENEE
STREET ADDRESS	2935 NE 163 ST #2-0	6.3 STREET ADDRESS	2935 N.E. 163 ST.
CITY - ST - ZIP	N MIAMI BCH. FL	6.4 CITY - ST - ZIP	NO. MIAMI BEACH, FL. 33160

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: *Vincent Galbato* 2-17-96 (305) 643-5711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)