

FILE NOW: FILING FEE IS \$61.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1998

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



DOCUMENT # 725156
1. Corporation Name
BAYSWATER COURT Condominium Association, Inc.

Principal Place of Business Mailing Address
2435 NE 163 St. o/b J & M Condo Management & Maintenance, Inc.
No Miami Beach FL 33160 275 Fontainebleau Blvd., Suite 200
Miami, FL 33172

REINSTATEMENT 98-99

3. Date Incorporated or Qualified 11/02/1993

4. FEI Number 59-1532832 Applied For Not Applicable

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 Zip Country 29 Zip Country

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

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

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
Steven A. Fein, P.A.
900 So State Rd. 7
Plantation, FL 33317

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 of 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] DATE: 9/29/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P Artemiss	1.2 NAME	
STREET ADDRESS	275 Fontainebleau Blvd. #200	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33192	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP Stewart, Herbert III	2.2 NAME	800003013248--6
STREET ADDRESS	275 Fontainebleau Blvd #200	2.3 STREET ADDRESS	-10/13/99--01017--001
CITY-ST-ZIP	Miami, FL 33192	2.4 CITY-ST-ZIP	****175.00 ****175.00
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T Joseph, Hayden T.	3.2 NAME	800003013248--6
STREET ADDRESS	275 Fontainebleau Blvd. #200	3.3 STREET ADDRESS	-10/13/99--01017--002
CITY-ST-ZIP	Miami, FL 33192	3.4 CITY-ST-ZIP	****61.25 ****61.25
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S Deves, Cynthia	4.2 NAME	800003013248--6
STREET ADDRESS	275 Fontainebleau Blvd #200	4.3 STREET ADDRESS	-10/13/99--01017--003
CITY-ST-ZIP	Miami, FL 33192	4.4 CITY-ST-ZIP	****61.25 ****61.25
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D Gordon, Virginia	5.2 NAME	
STREET ADDRESS	275 Fontainebleau Blvd #200	5.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33192	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S Miranti, Linda	6.2 NAME	
STREET ADDRESS	275 Fontainebleau Blvd. #200	6.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33192	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. 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 is 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 (10/97)