

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90004 044 \*\*\*\*61.25

**DOCUMENT # 725156**

1. Entity Name

**BAYSWATER COURT CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2935 NE 163 ST.  
 NO. MIAMI BEACH FL 33160

J & M CONDO MANAGEMENT & MAINT., INC.  
 275 FOUNTAINBLEAU BLVD., SUITE 200  
 MIAMI FL 33172-4576

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1532837**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FEIN, STEVEN A P.A.**  
**900 SO. STATE RD. 7**  
**PLANTATION FL 33317**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P**  Delete  
 NAME **ARTEMISS**  
 STREET ADDRESS **275 FOUNTAINBLEAU BLVD., #200**  
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP**  Delete  
 NAME **STEWART, HERBERT III**  
 STREET ADDRESS **275 FOUNTAINBLEAU BLVD., #200**  
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T**  Delete  
 NAME **HAYDEN, JOSEPH T**  
 STREET ADDRESS **275 FOUNTAINBLEAU BLVD., #200**  
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S**  Delete  
 NAME **NEVES, CYNTHIA**  
 STREET ADDRESS **275 FOUNTAINBLEAU BLVD., #200**  
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **GORDON, VIGINIA**  
 STREET ADDRESS **275 FOUNTAINBLEAU BLVD., #200**  
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **MIRANTI, LINDA**  
 STREET ADDRESS **275 FOUNTAINBLEAU BLVD., #200**  
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE  Change  Addition  
 NAME **Emilio Lopez**  
 STREET ADDRESS **275 Fontainebleau Blvd #200**  
 CITY-ST-ZIP **Miami FL 33172**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:** *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1-19-00**  
 Daytime Phone #: **(305) 354-2186**

CR2E037 (9/99)