

FILED
Mar 06, 2001 8:00 am
Secretary of State

02-03-2001 90295 002 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725156

1. Entity Name

BAYSWATER COURT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2935 NE 163 ST.
NO. MIAMI BEACH FL 33160

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1532837

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

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

TITLE	P/D	<input type="checkbox"/> Delete
NAME	ARTEMISS	
STREET ADDRESS	275 FOUNTAINBLEAU BLVD., #200	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STEWART, HERBERT III	
STREET ADDRESS	275 FOUNTAINBLEAU BLVD., #200	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	T/D	<input checked="" type="checkbox"/> Delete
NAME	HAYDEN, JOSEPH T	
STREET ADDRESS	275 FOUNTAINBLEAU BLVD., #200	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	S	<input type="checkbox"/> Delete
NAME	NEVES, CYNTHIA	
STREET ADDRESS	275 FOUNTAINBLEAU BLVD., #200	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	<input type="checkbox"/> Delete
NAME	GORDON, VIRGINIA	
STREET ADDRESS	275 FOUNTAINBLEAU BLVD., #200	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MIRANTI, LINDA	
STREET ADDRESS	275 FOUNTAINBLEAU BLVD., #200	
CITY-ST-ZIP	MIAMI FL 33172	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES WRAY	
STREET ADDRESS	275 FOUNTAINBLEAU 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2007 (10/00)