

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90095 023 \*\*\*\*61.25

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

**94006628**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062004

Chg-NP

CR2E037 (10/03)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME HOSTOS, CARLOS  
STREET ADDRESS 2935 NE 163 ST  
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME MIRANTI, JOHNNIE  
STREET ADDRESS 2935 NE 163 ST  
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME BRADY, JEFF  
STREET ADDRESS 2935 NE 163 ST  
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME SOUZA, EDDY  
STREET ADDRESS 2935 NE 163 ST  
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME DRAYSON, MILTON  
STREET ADDRESS 2935 NE 163 ST  
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME KENNEY, DANIEL  
STREET ADDRESS 2935 NE 163 ST  
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 #