

**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

**FILED**  
Feb 06 1996 8:00 am  
Secretary of State

**DOCUMENT # 728144 (7)**  
1. Corporation Name  
**BAY PARK TOWERS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**3301 N.E. 5TH AVENUE  
MIAMI FL 33137**

Mailing Address  
**3301 N.E. 5TH AVENUE  
MIAMI FL 33137**

3. Date Incorporated or Qualified  
**11/21/1973**

3a. Date of Last Report  
**01/27/1995**

4. FEI Number  
**59-1603811**

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

2. Principal Place of Business  
21  
Suite, Apt. #, etc.  
22  
City & State  
23  
Zip  
24

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29  
Country  
30

**9. Name and Address of Current Registered Agent**

**LERNER, LISA  
201 ALHAMBRA CIRCLE, SUITE 1102  
CORAL GABLES FL 33134**

**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**

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>KING, EDWIN V</b>	
STREET ADDRESS	<b>3301 NE 5TH AVE, #1210</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>AMAZON, VIRGINIA</b>	
STREET ADDRESS	<b>3301 NE 5TH AVE, #910</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>BELL, BARBARA</b>	
STREET ADDRESS	<b>3301 NE 5H AVE, #901</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MAGIDA, ALAN</b>	
STREET ADDRESS	<b>3301 NE 5TH AVE, #PH11</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BRODBAR, BARBARA</b>	
STREET ADDRESS	<b>3301 NE 5TH AVE, #703</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>TIERS, CLAUDE R</b>	
STREET ADDRESS	<b>3301 N.E. 5TH AVE, #1101</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>V</b>
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>S/T</b>
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>ADAM AUSTER</b>
4.3 STREET ADDRESS	<b>3301 NE 5TH AVE, #1010</b>
4.4 CITY-ST-ZIP	<b>MIAMI, FL 33137</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>RAYMOND SAIGH</b>
5.3 STREET ADDRESS	<b>3301 NE 5TH AVE, #1003</b>
5.4 CITY-ST-ZIP	<b>MIAMI, FL 33137</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:** *[Signature]* **1/17/95** (305) 573-5404  
Date Daytime Phone #

CR2E037 (12/95)