

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 12 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 728144 (7)
1. Corporation Name
BAY PARK TOWERS CONDOMINIUM ASSOCIATION, INC.Principal Place of Business Mailing Address
3301 N.E. 5TH AVENUE 3301 N.E. 5TH AVENUE
MIAMI FL 33137 MIAMI FL 33137-40533. Date Incorporated or Qualified 11/21/1973 3a. Date of Last Report 02/06/1996
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 ☐ No2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LERNER, LISA
201 ALHAMBRA CIRCLE, SUITE 1102
CORAL GABLES FL 3313481 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	KING, EDWIN V	
STREET ADDRESS	3301 NE 5TH AVE, #1210	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	AMAZON, VIRGINIA	
STREET ADDRESS	3301 NE 5TH AVE, #910	
CITY-ST-ZIP	MIAMI FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	BELL, BARBARA	
STREET ADDRESS	3301 NE 5TH AVE, #901	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ADAMS, AUSTER	
STREET ADDRESS	3301 NE 5TH AVENUE, # 1010	
CITY-ST-ZIP	MISMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RAYMOND, SAIGH	
STREET ADDRESS	3301 NE 5TH AVENUE, # 1003	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TIRS, CLAUDE R	
STREET ADDRESS	3301 N.E. 5TH AVE, #1101	
CITY-ST-ZIP	MIAMI FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Glenn Dunleavy	
1.3 STREET ADDRESS	3301 NE 5 Avenue, # 112	
1.4 CITY-ST-ZIP	Miami, FL. 33137	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Joseph Nordone	
2.3 STREET ADDRESS	3301 NE 5 Avenue #220	
2.4 CITY-ST-ZIP	Miami, FL. 33137	
3.1 TITLE	SB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Paul McLean	
3.3 STREET ADDRESS	3301 NE 5 Avenue #1205	
3.4 CITY-ST-ZIP	Miami, FL. 33137	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Diego Martinez	
4.3 STREET ADDRESS	3301 NE 5 Avenue # 713	
4.4 CITY-ST-ZIP	Miami, FL. 33137	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Craig Schaffer	
5.3 STREET ADDRESS	3301 NE 5 Avenue # 807	
5.4 CITY-ST-ZIP	Miami, FL. 33137	
6.1 TITLE		<input checked="" 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 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; 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:

Paul McLean

Date

9 January 1997 573-5404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0029220

CR2E037 (9/96)