


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 11/21/1973	
4. FEI Number 59-1603811	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	25
29	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	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DUNLEAVY, GLENN		1.2 NAME Joseph Nordone	
STREET ADDRESS 3301 N.E. 5 AVE., #112		1.3 STREET ADDRESS 3301 N. E. 5th Avenue #220	
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP Miami, FL 33137	
TITLE VPD	<input type="checkbox"/> DELETE	2.1 TITLE VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME NORDONE, JOSEPH		2.2 NAME Mara Houstoun	
STREET ADDRESS 3301 N.E. 5 AVE., #220		2.3 STREET ADDRESS 3301 N. E. 5th Avenue #210	
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP Miami, FL 33137	
TITLE SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MCLEAN, PAUL		3.2 NAME Marie Di Rocco	
STREET ADDRESS 3301 N.E. 5 AVE., #1205		3.3 STREET ADDRESS 3301 N. E. 5th Avenue #PH-11	
CITY-ST-ZIP MIAMI FL		3.4 CITY-ST-ZIP Miami, FL 33137	
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARTINEZ, DIEGO		4.2 NAME	
STREET ADDRESS 3301 N.E. 5 AVE., #713		4.3 STREET ADDRESS	
CITY-ST-ZIP MISMI FL		4.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SCHAFFER, CRAIG		5.2 NAME Jody Theobald	
STREET ADDRESS 3301 N.E. 5 AVE., #807		5.3 STREET ADDRESS 3301 N. E. 5th Avenue #515	
CITY-ST-ZIP MIAMI FL		5.4 CITY-ST-ZIP Miami, FL 33137	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: *Joseph A. Nordone* JOSEPH A. NORDONE - PRESIDENT 1/25/98 (305) 262-2444 x332

CR2E037 (10/97)