

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

DOCUMENT # **738281** (5)
1. Corporation Name
BAY COUNTRY CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 17720 NORTH BAY ROAD, SUNNY ISLES, NORTH MIAMI BEACH FL 33160
Mailing Address: 17720 NORTH BAY ROAD, SUNNY ISLES, NORTH MIAMI BEACH FL 33160

3. Date Incorporated or Qualified: 03/23/1977
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	59-1844511	Applied For	Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/>	Yes	<input type="checkbox"/>
			30			No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WEINSTEIN, ALVIN N 19 W. FLAGLER STE 920 MIAMI FL 33101				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	VICE PRES.
NAME	BENNAROCH, MARC	1.2 NAME	MARSHA STONE
STREET ADDRESS	17720 N. BAY RD. PH A	1.3 STREET ADDRESS	17720 N. BAY RD #9A
CITY - ST - ZIP	N. MIAMI FL	1.4 CITY - ST - ZIP	N. MIAMI FL 33160
TITLE	SD	2.1 TITLE	
NAME	PERLSTEIN, ESTHER	2.2 NAME	
STREET ADDRESS	17720 N. BAY RD. 1102	2.3 STREET ADDRESS	
CITY - ST - ZIP	N. MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	
NAME	LASSAR, EMANUEL	3.2 NAME	
STREET ADDRESS	17720 N. BAY RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	N. MIAMI FL	3.4 CITY - ST - ZIP	
TITLE	PD	4.1 TITLE	
NAME	MOLASKY, DIANE	4.2 NAME	
STREET ADDRESS	17720 N. BAY RD 902	4.3 STREET ADDRESS	
CITY - ST - ZIP	N. MIAMI FL	4.4 CITY - ST - ZIP	
TITLE	VD	5.1 TITLE	
NAME	KAUFFMAN, LILA	5.2 NAME	
STREET ADDRESS	17720 N. BAY RD 6A	5.3 STREET ADDRESS	
CITY - ST - ZIP	N. MIAMI FL	5.4 CITY - ST - ZIP	
TITLE	TD	6.1 TITLE	
NAME	MASCHOWSKI, SIEGFRIED	6.2 NAME	
STREET ADDRESS	17720 N. BAY RD. 803	6.3 STREET ADDRESS	
CITY - ST - ZIP	N. MIAMI FL	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: Diane Molasky Date: 2/22/96 Daytime Phone #: 932-2279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: DIANE MOLASKY PRES.

CR2E037 (12/95)