


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90065 006 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 738281**

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/23/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1844511
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Zip 30	

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 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROZINOV, ALEXANDER	1.2 NAME	
STREET ADDRESS	17720 N BAY RD #9D	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERLSTEIN, ESTHER	2.2 NAME	<i>Lila Kauffman Lila</i>
STREET ADDRESS	17720 N. BAY RD. 1102	2.3 STREET ADDRESS	<i>SAME</i>
CITY-ST-ZIP	N. MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP <i>Hamel Gerard</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASSAR, EMANUEL	3.2 NAME	<i>SAME</i>
STREET ADDRESS	17720 N. BAY RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	P.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLASKY, DIANE	4.2 NAME	<i>Klein Selma</i>
STREET ADDRESS	17720 N. BAY RD 902	4.3 STREET ADDRESS	<i>SAME</i>
CITY-ST-ZIP	N. MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LILIENTELD, ROBERT J.	5.2 NAME	
STREET ADDRESS	17720 N. BAY RD. 12D	5.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 2/10/99 Daytime Phone #: Secdy

CR2E037 (1/198)