

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

02-26-2000 90081 008 ****61.25

DOCUMENT # 738281
 1. Entity 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 33160-2881
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number **59-1844511** Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WEINSTEIN, ALVIN N
19 W. FLAGLER STE 920
MIAMI FL 33101

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FILE NOW:
FEE IS \$61.25.

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP DIRECTOR	<input type="checkbox"/> Delete
NAME	ROZINOV, ALEXANDER	
STREET ADDRESS	17720 N BAY RD #90	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KAUFFMAN, LILA	
STREET ADDRESS	17720 N BAY RD 1102	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	VP DIRECTOR	<input type="checkbox"/> Delete
NAME	HAMEL GERARD	
STREET ADDRESS	17720 N. BAY RD. 1103	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	PRES DIRECTOR	<input type="checkbox"/> Delete
NAME	LILIENFELD, ROBERT J.	
STREET ADDRESS	17720 N. BAY RD. 120	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	VP DIRECTOR	<input type="checkbox"/> Delete
NAME	KLEIN, SELMA	
STREET ADDRESS	17720 N. BAY RD. 6C	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	TREAS DIRECTOR	<input type="checkbox"/> Delete
NAME	OBSTBAUM, PEARL	
STREET ADDRESS	17720 N BAY RD 701	
CITY-ST-ZIP		

TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9C	
CITY-ST-ZIP	SUNNY ISLES BCH, FL 33160	
TITLE	VP DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OPSHTEIN AKIVA	
STREET ADDRESS	17720 N. BAY RD #6B	
CITY-ST-ZIP	SUNNY ISLES BCH, FL 33160	
TITLE	VP DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1103	
CITY-ST-ZIP	SUNNY ISLES BCH, FL 33160	
TITLE	PRES DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	SUNNY ISLES BCH FL 33160	
TITLE	VP DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6C	
CITY-ST-ZIP	SUNNY ISLES BCH, FL 33160	
TITLE	TREAS DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OBSTBAUM PEARL	
STREET ADDRESS	17720 N. BAY RD 701	
CITY-ST-ZIP	SUNNY ISLES BCH, FL 33160	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE GERARD HAMEL VP DATE 2-17-00 DAYTIME PHONE # 305-932-9107