

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 743025 (9)

1. Corporation Name

BAY COURT TOWERS CONDOMINIUM, INC.



Principal Place of Business

Mailing Address

899 WEST AVENUE  
MIAMI BEACH FL 33139

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MIAMI BEACH FL 33139

3. Date Incorporated or Qualified

05/25/1978

4. FEI Number

59-1924203

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GONZALEZ, MARIA B.  
899 WEST AVENUE  
APT. 8J  
MIAMI BEACH FL 33139

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	SD <input type="checkbox"/> DELETE	1.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GABLE, CLARK	1.2 NAME	GABLE, CLARK
STREET ADDRESS	899 W AVE, 9E	1.3 STREET ADDRESS	899 W AVE, 9E
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	MIAMI BEACH FL
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYES, SANDRA	2.2 NAME	REYES, SANDRA
STREET ADDRESS	899 W AVE, 5A	2.3 STREET ADDRESS	899 W AVE, 5A
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	MIAMI BEACH FL
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, LEOPOLDO	3.2 NAME	GONZALEZ, LEOPOLDO
STREET ADDRESS	899 WEST AVENUE, #3D	3.3 STREET ADDRESS	899 W AVE, 3M
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	MIAMI BEACH FL
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRA, ALFREDO A	4.2 NAME	PARRA, ALFREDO A
STREET ADDRESS	899 WEST AVENUE, #6E	4.3 STREET ADDRESS	899 W AVE, # 6E
CITY-ST-ZIP	MIAMI BEACH FL	4.4 CITY-ST-ZIP	MIAMI BEACH FL
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RETUETA, SOPHIA	5.2 NAME	RETUTA SOPHIA
STREET ADDRESS	899 W AVE, 6A	5.3 STREET ADDRESS	899 W AVE, 6A
CITY-ST-ZIP	MIAMI BCH FL	5.4 CITY-ST-ZIP	MIAMI BEACH FL
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: *Alfredo A. Parra* President 5/27/98

CR2E037 (10/97)