

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90020 026 ****61.25

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1. Entity Name
BAY COURT TOWERS CONDOMINIUM, INC.



Principal Place of Business
899 WEST AVENUE
MIAMI BEACH, FL 33139

Mailing Address
899 WEST AVENUE
MIAMI BEACH, FL 33139

40021175



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01302005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
59-1924203

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

GONZALEZ, MARIA B.
899 WEST AVENUE
APT. 9J
MIAMI BEACH, FL 33139

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Maria Gonzalez* DATE **2-19-05**

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

Filing Fee is \$61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	REYES, SANDRA	
STREET ADDRESS	899 WEST AVE #5A	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SKANDALIS, TOMAS	
STREET ADDRESS	899 W AVE, 3F	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LEQUERIQUE, EDGAR	
STREET ADDRESS	899 WEST AVE #4A	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROOKWOD, JOYCE	
STREET ADDRESS	899 W AVE, # 8A	
CITY-ST-ZIP	MIAMI BCH, FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	AMI, D	
STREET ADDRESS	899 WEST AVE #4G	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Colman Kiss	
STREET ADDRESS	899 West Ave 5E	
CITY-ST-ZIP	Miami Beach FL 33139	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Royes Sandra	
STREET ADDRESS	899 West Ave 5A	
CITY-ST-ZIP	Miami Beach FL 33139	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Skandalis, Tomas	
STREET ADDRESS	899 W. Ave 3F	
CITY-ST-ZIP	Miami Bch FL 33139	
TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Legrenique, Edgar	
STREET ADDRESS	899 West Ave # 4A	
CITY-ST-ZIP	Miami Beach FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Sandra Reyes - President* (786) 423-7535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #