

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 # 743456 (6)
1. Corporation Name
BAY TREE PATIO HOMES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: 8216 S.W. 23RD COURT NORTH LAUDERDALE, FL 33068
Mailing Address: C/O NORDE MGMT. CORP. 6047 KIMBERLY BLVD. SUITE N N. LAUDERDALE, FL 33068

3. Date Incorporated or Qualified: 06/30/1978
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-2050343
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
21. Suite Apt # etc
22. City & State
23. Zip Country
24. Country

9. Name and Address of Current Registered Agent: NORDE MANAGEMENT CORPORATION, 6047 KIMBERLY BLVD, SUITE N, N. LAUDERDALE, FL 33068
10. Name and Address of New Registered Agent: 81. Name, 82. Street Address (P.O. Box Number is Not Acceptable), 83., 84. City, 85. Zip Code (FL)

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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: SD	NAME: PALMER, VIRGINIA	1.1 TITLE: V/D	NAME: KAMPEL, THEA
STREET ADDRESS: 8202 S.W. 23RD STREET	CITY ST ZIP: N. LAUDERDALE FL	1.2 NAME: KAMPEL, THEA	1.3 STREET ADDRESS: 8113 S.W. 23RD COURT
	<input checked="" type="checkbox"/> DELETE	1.4 CITY ST ZIP: N. LAUDERDALE FL	
TITLE: PD	NAME: KATZ, SIMON	2.1 TITLE: S/D	NAME: FAMA, LISA
STREET ADDRESS: 8211 S.W. 24TH STREET	CITY ST ZIP: N. LAUDERDALE FL	2.2 NAME: FAMA, LISA	2.3 STREET ADDRESS: 8112 S.W. 23RD STREET
	<input type="checkbox"/> DELETE	2.4 CITY ST ZIP: N. LAUDERDALE FL	
TITLE: VD	NAME: ROUSH, ROSEMARY	3.1 TITLE: T/D	NAME: LIGGINS, MARIANNE
STREET ADDRESS: 8204 S.W. 23RD STREET	CITY ST ZIP: N. LAUDERDALE FL	3.2 NAME: LIGGINS, MARIANNE	3.3 STREET ADDRESS: 8103 S.W. 23RD COURT
	<input checked="" type="checkbox"/> DELETE	3.4 CITY ST ZIP: N. LAUDERDALE FL	
TITLE: TD	NAME: SKOLNICK, MICHAEL	4.1 TITLE:	4.2 NAME:
STREET ADDRESS: 8205 S.W. 23RD COURT	CITY ST ZIP: N. LAUDERDALE FL	4.3 STREET ADDRESS:	4.4 CITY ST ZIP:
	<input checked="" type="checkbox"/> DELETE		
TITLE: D	NAME: PROVOST, JANET	5.1 TITLE:	5.2 NAME:
STREET ADDRESS: 8105 S.W. 24TH STREET	CITY ST ZIP: N. LAUDERDALE FL	5.3 STREET ADDRESS:	5.4 CITY ST ZIP:
	<input checked="" type="checkbox"/> DELETE		
TITLE: D	NAME: ATKINS, RICHARD	6.1 TITLE:	6.2 NAME:
STREET ADDRESS: 8204 S.W. 23RD COURT	CITY ST ZIP: N. LAUDERDALE FL	6.3 STREET ADDRESS:	6.4 CITY ST ZIP:
	<input type="checkbox"/> DELETE		

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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, unchanged, or on an attachment with an address.

SIGNATURE: *Marianne Liggins*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Marianne Liggins
4-16-96 954-973-1311
58-41-24-96

CR2E037 (12/95)