


FILE NOW: FILING FEE IS \$61.25

FILED
May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33068-2820
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3. Date Incorporated or Qualified 06/30/1978	3a. Date of Last Report 04/25/1996
4. FEI Number 59-2050343	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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
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 _____ (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 V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FAMA, LISA		1.2 NAME	
STREET ADDRESS 8112 S.W. 23RD STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP N. LAUDERDALE FL		1.4 CITY-ST-ZIP	
TITLE PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KATZ, SIMON		2.2 NAME STOLL, DIANE R.	
STREET ADDRESS 8211 S.W. 24TH STREET		2.3 STREET ADDRESS 8114 S.W. 23 COURT #26-A	
CITY-ST-ZIP N. LAUDERDALE FL		2.4 CITY-ST-ZIP N. LAUDERDALE FL	
TITLE VD	<input type="checkbox"/> DELETE	3.1 TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KAMPEL, THEA		3.2 NAME KAMPEL, THEA	
STREET ADDRESS 8113 S.W. 23RD COURT		3.3 STREET ADDRESS 8113 SW 23 CT	
CITY-ST-ZIP N. LAUDERDALE FL		3.4 CITY-ST-ZIP N. LAUD, FL 33068	
TITLE TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LIGGINS, MARIANNE		4.2 NAME ROUSH, ROSEMARY P.	
STREET ADDRESS 8204 S. W. 23 CT.#22D		4.3 STREET ADDRESS 8204 S.W. 23 STREET #20-D	
CITY-ST-ZIP N. LAUDERDALE FL		4.4 CITY-ST-ZIP N. LAUDERDALE FL	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ATKINS, RICHARD		5.2 NAME	
STREET ADDRESS 8204 S W 23RD COURT		5.3 STREET ADDRESS	
CITY-ST-ZIP NORTH LAUDERDALE FL 33068		5.4 CITY-ST-ZIP	
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 do 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: Thea Kampel **THEA KAMPEL** 5/8/97 954 726 0048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0025720

CR2E037 (9/96)