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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 743456

1. Corporation Name

BAY TREE PATIO HOMES CONDOMINIUM ASSOCIATION, IN
C.

540249-90289-17

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/30/1978

21

26

4. FET Number

59-2050343

Applied For
Not Applicable

22

27

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NORDE MANAGEMENT CORPORATION
6047 KIMBERLY BLVD. SUITE N
N LAUDERDALE FL 33068

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD
NAME FAMA, LISA
STREET ADDRESS 8112 S.W. 23RD STREET
CITY-ST-ZIP N. LAUDERDALE FL
Lisa Fama

1.1 TITLE V/D
1.2 NAME BRODASZ, ZORINE
1.3 STREET ADDRESS 8114 SW 23 CT
1.4 CITY-ST-ZIP N LAUDERDALE FL
Zorine Brodacz

TITLE TD
NAME STOLL, DIANE R
STREET ADDRESS 8114 S.W. 23 COURT, 26-A
CITY-ST-ZIP N. LAUDERDALE FL
Diane Stoll

2.1 TITLE T/D
2.2 NAME MATHNEY, PRISCILLA
2.3 STREET ADDRESS 8202 SW 23 ST
2.4 CITY-ST-ZIP N LAUDERDALE FL
Priscilla Mathney

TITLE PD
NAME KAMPEL, THEA
STREET ADDRESS 8113 S.W. 23RD COURT
CITY-ST-ZIP N. LAUDERDALE FL
Thea Kampel

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD
NAME ROUSH, ROSEMARY P
STREET ADDRESS 8204 S.W. 23 STREET, 20-D
CITY-ST-ZIP N. LAUDERDALE FL
Rosemary P Roush

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Thea Kampel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-13-99

Date

954 726 0045

Daytime Phone #

CR2E037 (1/98)