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NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **745898** **(7)**

1. Corporation Name

BAY ISLE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9161 E BAY HARBOR DRIVE BAY HARBOR ISLANDS FL 33154	9161 E BAY HARBOR DRIVE BAY HARBOR ISLANDS FL 33154

3. Date Incorporated or Qualified: 02/12/1979	3a. Date of Last Report: 09/11/1995
4. FEI Number: 59-1974578	☐ Applied For ☐ Not Applicable
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	2a. Mailing Address
21	26 C/O ASSOCIATION MANAGEMENT GROUP, INC
22 Suite, Apt. #, etc.	27 8306 Mills Drive - #668
23 City & State	28 Miami, Fla
24 Zip / 25 Country	29 33183 / 30 Country

9. Name and Address of Current Registered Agent

PETRAUSKAS, LUDMILLA
9161 E. BAY HARBOR DRIVE
#2A
BAY HARBOR ISLANDS FL 33154

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MEJIA, MONICA 9161 E BAY HARBOR DRIVE BAY HARBOR ISLAND FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	TREASURER - OFFICER	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RUSSO, LINDA 9161 E BAY HARBOR DRIVE BAY HARBOR ISLAND FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	DIRECTOR/PRESIDENT HAROLD KITNER 9161 EAST BAY HARBOR DR. 6A BAY HARBOR Is, Fla 33154	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PETRAUSKAS, LUDMILLA 9161 E BAY HARBOR N. BAY HARBOR ISLE FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEVITT, ROZ 9161 E BAY HARBOR DR BAY HARBOR ISLANDS FL	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	DIRECTOR/SECRETARY	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	VICE/PRESIDENT-Director EDSON ALESSI 9161 EAST BAY HARBOR BAY HARBOR Is. Fla 33154	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	BOARD/DIRECTOR 9161 EAST BAY HARBOR Drive BAY HARBOR Is Fla 33154	☐ Change ☑ Addition

CR2E037 (12/95)

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 if changed, or on an attachment with an address.

SIGNATURE: Harold Kitner PRESIDENT 7/7/96 (305) 864-9171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
HAROLD KITNER