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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 7458

5898 <u>(7)</u>

BAY ISLE CONDOMINIUM ASSOCIATION, INC.

FILED May 20 1997 8:00am Secretary of State



Principal Place	of Rusiness	Mailing Add	1000			4 700 100 100 100 100 100 100 100 100 100 100 100 100 100	ii dheil bioil biba bid	A BIBII DIBII PODI
T (IIICipai Tiace	s or dualities	ŭ						
9161 E BAY HAI			C/O ASSOCIATION MANAGEMENT GROUP 8306 MILLS DRIVE #668 MIAMI FL 33183-4838					
BAT HARBOR IS	SLANDS FL 33154							
		US			3.	Date Incorporated or Qualified 02/12/1979	3a. Date of Las 08/05/	st Report 1996
2. Principal Pl	ace of Business	2a. Mailing A	Address		4.	FEI Number		Applied For
21		26				59-1974578		Not Applicable
Suite, Apt.	#, etc.	Suite, Ap	it. #, etc.		5.	Certificate of Status Desired		5 Additional
22		27		·····			Fee	Required
City & State		⊢ '	City & State			Election Campaign Financing		00 May Be
Zip	Country	28 Zip	 	Country		Trust Fund Contribution		ed to Fees
24	 				8.	This corporation has liability for in Florida Statutes	ntangible tax unde Yes 🔀 No	ar s. 199.032,
24	25 9. Name and Address of Curre	29 nt Registered Age	30	i	10.	Name and Address of New Re		
	-			81 Name	********************			
DETRALIC	SKAS, LUDMILLA			CAR	INA	KREMEN, CAN	<i>/</i>	
	· · · · · · · · · · · · · · · · · · ·			82 Street	Address (f	P.O. Box Number is Not Acceptab	(e)	
9161 E. BAY HARBOR DRIVE				83 GASSOC, Mgmt GNOUP INC.				
#2A BAY HARBOR ISLANDS FL 33154				8306 Mills Dr #668				
DATRIAN	IDON ISLANDS I'L 33134			84 City	inm		FL 85 2	7ip Code 33/83
11 Pursuant t	to the provisions of Sections 617 05	02 and 617 1508 F	lorida Statutes	the above-named	(A M	on submits this statement for the p	urcose of changin	na its registered
office or re	to the provisions of Sections 617.050 egistered agent, or both, in the State	of Florida. Such c	hange was auth	orized by the cor	poration's	board of directors. I hereby accep	t the appointment	as registered
· · ·	ro familiar with, and accept the oblig					;	4/19/9	7
SIGNATURE (Shape appeal or printed name of registered ag	ent and title if applicable.	(NOTE: Re	EMEN (required where	n reinstating)	DATE	
12.		ID DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC		
YITLE	10=	T.	DELETE	1.1 TITLE	D		Chan	
NAME	MEJIA, MONICA			1.2 NAME	NEJI	A, MONICA		2
STREET ADDRESS	9161 E BAY HARBOR DRIVE			1.3 STREET ADDRESS	9161	E. BAY HARBOR	D/L 4	,
CITY-ST-ZIP	BAY HARBOR ISLAND FL			1.4 CITY-ST-ZIP	BAY	NARBOR IS. FA	0 33151	4
TITLE	DP		DEFELE	2.1 TITLE	1 2		Ser Chan	an Addition
NAME	KITNER, HAROLD 6			2.2 NAME	Take	E BAY HARBO	10 10 - 1·	· / 1
STREET ADDRESS	9161 EAST BAY HARBOR DE	NVE 6A		2.3 STREET ADDRESS	9161	E. BAY HARBO	K Dr. G	~ <i>!</i> !
CITY-ST-ZIP	BAY HARBOR ISLAND FL			2. 4 CITY-ST-ZIP	BAY	NARBOR IS.	Fl. 331.	<u>54</u>
TITLE	D		DELETE	3.1 TITLE	0/8		Chan	ge 🔲 Addition
NAME	PETRAUSKAS, LUDMILLA			3.2 NAME	BET	QAUSKASOLUB MIL EAST BAY HARI	LA XC	7-4
STREET ADDRESS	9161 E BAY HARBOR N. 🞝	- A		3.3 STREET ADDRESS	9161	EAST BAY HARI	save or	~~
CITY - ST - ZIP	BAY HARBOR ISLE FL	/		3.4. CITY-ST-ZIP	64	HARBOR IS ,1	2 33/5	<u> </u>
THILE	DS	L] DELETE	4.1 TITLE	Q	ecesis	Chan	ge L. Addition
NAM8	LEVITT, ROZ	~ ^		4. 2 NAME	BAKA	EAST BAY HARB	OR BR . B	7-A
STREET ADDRESS	9161 E BAY HARBOR DR	8-B		4.3 STREET ADDRESS	1 20 1	CAST WAY TO	C1 >	3 4C~/
CITY-ST-ZIP	BAY HARBOR ISLANDS FL		Delete.	4.4 CITY-ST-ZIP	6/	Y HARBOR IS		3154
TITLE	AD_		DELETE	5.1 TITLE	14/00		☐ Chan	nge Addition
NAME	ALESSI, EDSON	18		5.2 NAME	 			
STREET ADDRESS	9161 EAST BAY HARBOR			5.3 STREET ADORESS				
CITY-ST-ZIP	BAY HARBOR ISLAND FL	······································	l priese	5.4 CITY-ST-ZIP	- /n		hat no	
TITLE	D	L	DELETE	6.1 TITLE	OP		STELA Chan	nge L. Addition
NAME	KNOLL, DORY	na an DA		6.2 NAME	SOL	EAST BAY NARDO	R BRIVE -	74
STREET ADDRESS	9161 EAST BAY HARBOR DE	RIVE -7A		6.3 STREET ADDRESS	7/0/	HARAM TO THE	23,001	•
CITY-ST-ZIP	BAY HARBOR ISLAND F	1 11 11 11 11		6.4 CITY - ST - ZIP	BAY	HARBOR IS FL.	03/54	
 14. I do heret informatio 	by certify that the information supplied in indicated on this annual report or	eo with this filin g d i supplemental anni	oes not quality to ual report is true	or the exemption to and accurate and	stated in So d that my s	ection 119.07(3)(i), Florida Statute ignature shall have the same lega	s. I further certify to deffect as if made	nat the under oath; that

to refer to delegate the minormation supplied with his limit of the senting the senting of the s

SIGNATURE: SIGN.

SIGNATURE REQUIRED
ATURE AND TYPED OR PRINTED HAME OF BIGNING OFFICER OR DIRECTOR

5 86 4- 9/7/ Daytime Phone # 0033657