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May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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	C/O ~~ASSOCIATION MANAGEMENT GROUP~~ ~~8306 MILLS DRIVE #668~~ ~~MIAMI FL 33183~~ ~~US~~

3. Date Incorporated or Qualified: 02/12/1979

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

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26 9161 E BAY HARBOR DR.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 BAY HARBOR ISLAND
Zip 24 / Country 25	Zip 29 33154 / Country 30 ~~FL~~ DADE

9. Name and Address of Current Registered Agent

~~KREMEN, CARINA~~
~~8306 MILLS DR~~
~~668~~
~~MIAMI FL 33183~~

10. Name and Address of New Registered Agent

81 Name: BAY ISLE CONDO ASSCO.
82 Street Address (P.O. Box Number is Not Acceptable): 9161 E. BAY HARBOR DR.
83
84 City: BAY HARBOR ISLAND FL 85 Zip Code: 33154

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: MONICA MEJIA TREASURER — 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	D MEJIA, MONICA 9161 E BAY HARBOR DRIVE BAY HARBOR ISLAND FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	T/D	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT KITNER, JOYCE 9161 EAST BAY HARBOR DRIVE 6A BAY HARBOR ISLAND FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V JOYCE ROTH 9161 E BAY HARBOR DR 1A BAY HARBOR ISLAND FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS PETRAUSKAS, LUDMILLA 9161 E BAY HARBOR N. BAY HARBOR ISLE FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARRISON, ESTELLA 9161 E BAY HARBOR DR, 8B BAY HARBOR ISLANDS FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	S JOHN GADD 9161 E. BAY HARBOR DR 8B BAY HARBOR ISLAND FL.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP ALESSI, EDSON 9161 EAST BAY HARBOR BAY HARBOR ISLAND FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP PINAVARIA, ESTELA 9161 E BAY HARBOR DR, 7A BAY HARBOR ISLAND F	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/97)

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.

SIGNATURE: MONICA MEJIA — 4.14.98 — 305-865-8133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0033674