

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 751130 (6)
1. Corporation Name
CHELSEA BAYVIEW CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O SUMMIT PROPERTY MGMT., INC.
6289 W. SUNRISE BLVD., #202
SUNRISE FL 33313

3. Date Incorporated or Qualified 02/20/1980
3a. Date of Last Report 05/01/1995

2. Principal Place of Business 21 1913 S. OCEAN DRIVE
22 Suite, Apt. #, etc.
23 HALLANDALE, FL
24 33009
25 USA
26 C/O THE CONTINENTAL GROUP
27 20815 NE 16 AVE #B14
28 N. MIAMI BEACH, FL
29 33179
30 USA
4. FEI Number 59-1989353
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

9. Name and Address of Current Registered Agent
SUMMITT PROPERTY MGMT., INC.
6289 W. SUNRISE BLVD
SUITE 202
SUNRISE FL 33313

10. Name and Address of New Registered Agent
81 Name GARY MARS
82 Street Address (P.O. Box Number is Not Acceptable) 44 WEST FLAGLER
83 14 FLOOR COURTHOUSE TOWER
84 City MIAMI
85 Zip Code FL 33130

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]* DATE 4/23/96
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	VSD	<input type="checkbox"/>
NAME	SPILLNER, HELENE	
STREET ADDRESS	1913 S. OCEAN DR.	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	TD	<input type="checkbox"/>
NAME	ALBERT, LYDIA	
STREET ADDRESS	1913 S. OCEAN DRIVE	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input type="checkbox"/>
NAME	STEIN, NETTIE	
STREET ADDRESS	1913 S. OCEAN DR. #102	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	FRUMAN, SAM	
STREET ADDRESS	1913 S. OCEAN DR. #127	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	PD	<input type="checkbox"/>
NAME	SPILLNER, FRED	
STREET ADDRESS	1913 S OCEAN DR.	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input type="checkbox"/>
NAME	KLEIN, EVERETTE	
STREET ADDRESS	1913 S. OCEAN DR. #120	
CITY-ST-ZIP	HALLANDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	MARIETTE FORTIN		
4.3 STREET ADDRESS	1913 S. OCEAN DRIVE, #304		
4.4 CITY-ST-ZIP	HALLANDALE, FL 33009		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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: *[Signature]* DATE 4-16-96 (954) 458-9780
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)