

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

04-25-2000 90095 041 ****61.25

DOCUMENT # 751130
 1. Entity Name
CHELSEA BAYVIEW CONDOMINIUM ASSOC., INC.

Principal Place of Business Mailing Address
The Continental Group, Ltd.
2950 N. 28th Terrace
Hollywood FL., 33020

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

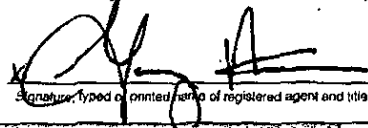
4. FEI Number **59-1989353** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
GARY MARS
Hyman and Kaplan
14th Floor Courthouse Tower/
44 West Flagler
Miami FL., 33130

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE 

4/13/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	President <input type="checkbox"/> Delete
NAME	FREDRICK C. Spillner
STREET ADDRESS	1913 So. OCEAN DR. Apt. #204
CITY-ST-ZIP	HALLANDALE, FL. 33009
TITLE	V.P. <input type="checkbox"/> Delete
NAME	Helene Spillner
STREET ADDRESS	1913 So. Ocean Dr. Apt. #204
CITY-ST-ZIP	HALLANDALE, FL. 33009
TITLE	TREASURER <input type="checkbox"/> Delete
NAME	Jeanette Sadowsky
STREET ADDRESS	1913 So. Ocean Dr. Apt. #411
CITY-ST-ZIP	HALLANDALE, FL. 33009
TITLE	Secretary <input type="checkbox"/> Delete
NAME	Anette B. Stein
STREET ADDRESS	1913 So. Ocean Dr. Apt. #102
CITY-ST-ZIP	HALLANDALE, FL. 33009
TITLE	Director <input type="checkbox"/> Delete
NAME	Guido Mocchi
STREET ADDRESS	1913 So. Ocean Dr. Apt. #336
CITY-ST-ZIP	HALLANDALE, FL. 33009
TITLE	Director <input type="checkbox"/> Delete
NAME	Mariette Fortin
STREET ADDRESS	1913 So. Ocean Dr. Apt. #304
CITY-ST-ZIP	HALLANDALE, FL. 33009

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD Pusateri
STREET ADDRESS	1913 So. Ocean Dr. Apt. #415
CITY-ST-ZIP	HALLANDALE, FL. 33009
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **FREDERICK C. Spillner** 4600 954-456-0061
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
President

CR2E037 (9/99)