

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 751231 (2)

1. Corporation Name

BAYVIEW GARDENS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 1673 BAY RD APT 202 MIAMI BEACH FL 33139  
Mailing Address: 1673 BAY RD APT 202 MIAMI BEACH FL 33139

3. Date Incorporated or Qualified: 02/25/1980  
3a. Date of Last Report: 03/02/1995  
4. FEI Number: 59-2027624  
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 (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

~~GREEN, JERRY~~  
~~8200 S DADELAND BLVD SUITE 208~~  
~~MIAMI, FL~~  
~~33150~~

10. Name and Address of New Registered Agent

81 Name: TERESA VILM  
82 Street Address: 4051 Star Property, Mag  
83 305 Alcazar Ave  
84 City: Coral Gables FL 85 Zip Code: 33134

11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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: *Jerry Green*

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

(NOTE: Registered Agent signature required when reinstating.)

3/26/96  
DATE

12. OFFICERS AND DIRECTORS	
TITLE: PD	<input checked="" type="checkbox"/> DELETE
NAME: RUBINI, RODOLFO	
STREET ADDRESS: 1673 BAY ROAD #302	
CITY-ST-ZIP: MIAMI BCH FL	
TITLE: VD	<input type="checkbox"/> DELETE
NAME: BARRABES, HENRY	
STREET ADDRESS: 1673 BAY ROAD, #204	
CITY-ST-ZIP: MIAMI BEACH FL	
TITLE: TD	<input type="checkbox"/> DELETE
NAME: DIGNA, BARRABES	
STREET ADDRESS: 1673 BAY ROAD #202	
CITY-ST-ZIP: MIAMI BEACH FL	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: Robert Ramos	
1.3 STREET ADDRESS: 1673 Bay Road #302	
1.4 CITY-ST-ZIP: Miami Beach FL 33139	
2.1 TITLE: BARRABES, HENRY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME: BARRABES, HENRY	
2.3 STREET ADDRESS: 1673 Bay Road #204	
2.4 CITY-ST-ZIP: MIAMI BEACH, FL	
3.1 TITLE: DIGNA, BARRABES	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME: DIGNA, BARRABES	
3.3 STREET ADDRESS: 1673 Bay Road #202	
3.4 CITY-ST-ZIP: MIAMI BEACH, FL	
4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-ST-ZIP:	
5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:	
5.3 STREET ADDRESS: 300001854923	
5.4 CITY-ST-ZIP: -06/07/96--01010--028	
6.1 TITLE: ***61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 on an attachment with an address.

SIGNATURE: *Robert Ramos, president* 4-17-96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)