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

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

751231

(2)

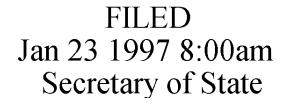
## BAYVIEW GARDENS CONDOMINIUM ASSOCIATION, INC.

1673 BAY RD APT 202

Principal Place of Business

Mailing Address

1673 BAY RD APT 202 MIAMI BEACH FL 33139-213





WIAMI BEACH FL 33139		MIAMI BEACH FL 33139-2131							
						3. Date Incorporated or Qualified 02/25/1980	3a. Date	of Last F 5/06/19	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Aı	oplied For
21		26		_		59-2027624			ot Applicable
Su⊧te, Apt. 22	#, etc	Suite, Apt. #, etc.		ľ		5. Certificate of Status Desired			Additional equired
City & State	6	City & State			<del></del>	6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Соц	ritry		8. This corporation has liability for it	ntangible ta	x under s	. 199.032,
24	25		30	_		<u> </u>	Yes 🗌		
	9. Name and Address of Currer	nt Registered Agent		ļ		10. Name and Address of New Reg	pistered Ag	ent	
				B1	Name				
VILAR, T	ERESA			82	Street Addre	ss (P.O. Box Number is Not Acceptab	le)		
C/O VILAR PROPERTY MAG.				· · ·					
	AZAR AVE.			63					
CORAL (	GABLES FL 33136			84	City		FL	<b>85</b> Zip	Code
11 Purcupot	to the symplectic of Castiene 617.066	22 and £17 1609. Florida Statuto	o the e	bout	2 22224 2222	oration submits this statement for the p			
office or r	to the provisions or sections are lost registered agent, or both, in the State im familiar with, and accept the oblig	i of Florida. Such change was ai	uthorize	d by	the corporation	on's board of directors. I hereby accep	t the appoir	nanging i ntment as	registered
SIGNATURE	Signative: Typerd or printed name of registered age	ort and title if applicable (NOTE	Registere	d Age	ent signature required	d when reinstating)	DATE		
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND D	IRECTO	RS IN 12
TITLE	PD	DELETE	1.1 1)	TLE				Change	Addition
NAME	ramos, robert		1.2 N	AME					
STREET ADDRESS	1673 BAY ROAD #302		1.3 S	1.3 STREET ADDRESS					
CITY - ST - ZIP	MIAMI BCH FL 33139		1.4 C	1.4 City~St-ZiP					
TITLE	D	DELETE		2.1 TITLE		· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME	BARRABES, HENRY 22		2.2 N	AME					
STREET ADEMESS	1673 BAY ROAD, #204		2.3 STREET ADDRESS		ADDRESS				
CITY - ST - ZIP	MIAMI BEACH FL		2.40	2. 4 CITY-ST-ZIP					
TOLE	D	DELETE 3.1		TLE				] Change	Addition
NAME	DIGNA, BARRABES		3.2 N	AME					
STREET ADDRESS	1673 BAY ROAD #202		3.3 \$	TREET	ADDRESS				
City-St-Zip	MIAMI BEACH FL		3.4. 0	ITY-S	ST-ZIP				
TITLE		☐ DELETE	4.1 Ti	TLE				Change	Addition
NAME			4.21	IAME					
STREET ADDRESS			4.3 S	TREET	ADDRESS				
CITY-ST-ZIP				ITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE					Change	Addition
NAME			5.2 N	AME					
STREET ADDRESS			5.3 S	TREET	ADDRESS				
City - St - ZiP			5.4 C	ITY-S	T- <b>Z</b> IP				
TITLE		☐ DELETE	6.1 T	ITLE			L	Change	Addition
NAME			6.2 N	AME					
STREET ADDRESS			6.3 S	TREET	ADDRESS				
CHTY - ST - ZIP				ITY - S		in Section 119 07(3Vi). Florida Statutes			

4. To hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119,07(3)(f), Forida Statutes. 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 comporation 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 of hanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-97

Phone 53/-6800