

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90004 044 ****70.00

DOCUMENT # 751231

1. Entity Name

BAYVIEW GARDENS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1673 BAY RD APT 202
 MIAMI BEACH FL 33139

1673 BAY RD APT 202
 MIAMI BEACH FL 33139-2131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1673 Bay Road

1673 Bay Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt. 501

Apt. 501

City & State

City & State

Miami Beach, FL

Miami Beach, FL

Zip

Country

Zip

Country

33139

USA

33139

USA

4. FEI Number

59-2027624

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VILAR, TERESA
 C/O VILAR PROPERTY MAG.
 305 ALCAZAR AVE.
 CORAL GABLES FL 33136

Name

Samuel T. Jones

Street Address (P.O. Box Number is Not Acceptable)

1673 Bay Road #501

City

Miami Beach,

FL

Zip Code

33139

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

Samuel T. Jones Samuel T. Jones

3/7/00

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

(None Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CRUZ, PATRICIA 1673 BAY ROAD, #206 MIAMI BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARRABES, HENRY 1673 BAY ROAD, #204 MIAMI BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DIGNA, BARRABES 1673 BAY ROAD #202 MIAMI BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Samuel T. Jones 1673 Bay Road #501 Miami Beach, FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Patricia Cruz 1673 Bay Road #206 Miami Beach, FL 33139	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Henry Barrabes 1673 Bay Road #204 Miami Beach, FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D George Hehner 1508 SE 3rd Ave Ft. Lauderdale, FL 33316	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/D Digna Barrabes 1673 Bay Road #202 Miami Beach, FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Samuel T. Jones Samuel T. Jones 3/7/00

Date

(305) 538-7694

Daytime Phone #

CR2E037 (9/99)