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NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

752754

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BAYSHORE PARK CONDOMINIUM ASSOCIATION, INC. Mailing Address Principal Place of Business 12079 SW 131ST AVE. 12079 SW 131ST AVE. MIAMI FL 33186 MIAMI FL 33186 3a. Date of Last Report 3. Date Incorporated or Qualified 06/03/1980 02/13/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-2066115 26 Not Applicable 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired П Fee Required 22 27 City & State Crty & State 6. Election Campaign Financing \$5.00 May Be Γ Added to Fees 23 28 Trust Fund Contribution Ζıp Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 29 30 Florida Statutes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 61 Jonathan Cohen, Esq.
Street Address (P.O. Box Number is Not Acceptable)
201 So. Biscayne Blvd. KRAY, FRED 66 WEST FLAGLER STREET, SUITE 300 83 MIAMI FL 33130 15th Floor Zip Code 33131 84 City 85 Miami 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. Jonathan Cohen, Esq. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change X Addition 1.1 TITLE TITLE PD 12 NAME NAME COHEN, JONATHAN BARBONI, JIM 13 SIREET ADDRESS 2545 S. BAYSHORE DR, #311 14 CITY-S1-ZP MIAMI, FL 33133 2545 S BAYSHORE DR 111 STREET ADDRESS CITY - ST - ZIP MIAMI FL Change Addition DELETE 2 1 TITLE TIME MALDONADO, ALDOLFO AINSWORTH, BEVERLY 2.2 NAME NAME 2545 S. BAYSHORE DR. 23 STREET ADDRESS 36 BAY HEIGHTS DR. STREET ADDRESS MIAMI, FL MIAMI FL 2.4 CITY - ST - 21P CiTY-ST-ZIP Change T Addition TITLE DELETE 31 TITLE RODRIGUEZ. 3.2 NAME NAME SOUZA, CARLOS 2545 S. BAYSHORE DR. 3 3 STREET ADDRESS 2545 S. BAYSHORE DR, #207 STREET ADDRESS MIAMI, FL 33133 MIAMI FL 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 4 1 TITLE The House Mary TITLE 4. 2 NAMS NAME KRAY, FRED Experience 2545 S. BAYSHORE DR.#305 4.3 STREET ADDRESS STREET ADDRESS 1.1 CITY - ST - ZIP MIAMI FL 4.4 C/TY - ST - Z/P **X** DELETE Change ■ Addition 5.1 TITLE TITLE 5.2 NAME NAME HYDE, CONNIE 2545 S BAYSHORE DR 105 5.3 STREET ADDRESS STREET ADDRESS MIAMI FL 5.4 CITY - ST-ZIP CITY - ST - ZIP **X**DELETE Change Addit-on 6 1 TITLE TITLE D FENSTER, PAUL 6.2 NAME NAME STREET ADDRESS 6380 S. DIXIE HWY. 6.3 STREET ADDRESS SOUTH MIAMI FL 6 4 CITY - ST - ZIP 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

SIGNATURE:

SIGNATURE AND THEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Jonathan Cohen, Esq.

Daytime Phone #

(12/95)

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