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Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 752754 (2)
1. Corporation Name
BAYSHORE PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 2545 S. BAYSHORE DR. #100 MIAMI FL 33133 US	Mailing Address C/O ASSOCIATION MGMT. GROUP INC. 8306 MILLS DRIVE, 808 MIAMI FL 33183 US
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3. Date Incorporated or Qualified 06/03/1980	
4. FEI Number 59-2066115	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Principal Address 28 BAYSHORE PARK CONDOMINIUM ASSOCIATION, INC.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 2545 S. BAYSHORE DR. #100
City & State 23	City & State 28 MIAMI, FL
Zip 24	Country 29 33133 30 USA

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**KANT, JOHN LON
15101 MEMORIAL HWY
MIAMI FL 33169**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	85 Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signatures required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD JOHN	<input type="checkbox"/> DELETE
NAME	KANT, JOHN	
STREET ADDRESS	15101 MEMORIAL HWY	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	KURTZ, RON	
STREET ADDRESS	3550 CRISTAL VIEW CT	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, ALFREDO	
STREET ADDRESS	2454 S. BAYSHORE DR., #204	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	SOUZA, CARLOS	
STREET ADDRESS	2545 S. BAYSHORE DR., #207	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NETO, IVO	
STREET ADDRESS	2545 S. BAYSHORE DR., #212	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SOUZA, CARLOS	
STREET ADDRESS	50TH DIXIE HWY N.E., A209	
CITY-ST-ZIP	PALM BAY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3550 CRISTAL VIEW CT
2.4 CITY-ST-ZIP	MIAMI FL 33133
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	33133
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DIR LARRY DARMSTETER
4.3 STREET ADDRESS	2545 S. BAYSHORE DR. #204
4.4 CITY-ST-ZIP	COCONUT GROVE, FL 33133
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DIR SERRANES, JUAN
5.3 STREET ADDRESS	2545 South Bayshore Drive #111
5.4 CITY-ST-ZIP	COCONUT GROVE, FLA 33133
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DIR BARBONI, Jim
6.3 STREET ADDRESS	17135 BAY STREET
6.4 CITY-ST-ZIP	Jupiter, Fla. 33447

14. 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 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, or on an attachment with an address.

SIGNATURE: _____

CR2E037 (10/97)