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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90231 006 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 752754 1. Corporation Name BAYSHORE PARK CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 2545 S BAYSHORE DR #100 MIAMI FL 33133 US	Mailing Address BAYSHORE PARK CONDOMINIUM ASSOC INC 2545 S BAYSHORE DR-#100 MIAMI FL 33133 US	



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 06/03/1980	4. FEI Number 59-2066115	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent KANT, JON 15101 MEMORIAL HWY MIAMI FL 33169	10. Name and Address of New Registered Agent 81 Name SERRALLES, JUAN 82 Street Address (P.O. Box Number is Not Acceptable) 2545 S. BAYSHORE DRIVE, #111 83 84 City COCONUT GROVE, FL 85 Zip Code 33133
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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 of 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 *Juan Serralles* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KANT, JON		1.2 NAME ROLANDO PITA MARTINEZ	
STREET ADDRESS 15101 MEMORIAL HWY		1.3 STREET ADDRESS 2545 S. BAYSHORE DRIVE, #106	
CITY-ST-ZIP MIAMI FL 33169		1.4 CITY-ST-ZIP COCONUT GROVE, FL 33133	
TITLE DVP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KURTZ, RON		2.2 NAME ALEX EXPOSITO	
STREET ADDRESS 3550 CRISTAL VIEW CT		2.3 STREET ADDRESS 2545 S. BAYSHORE DRIVE, #201	
CITY-ST-ZIP MIAMI FL 33133		2.4 CITY-ST-ZIP COCONUT GROVE, FL 33133	
TITLE DT	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RODRIGUEZ, ALFREDO		3.2 NAME	
STREET ADDRESS 2454 S. BAYSHORE DR., #204		3.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33133		3.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DARMSTETER, LARRY		4.2 NAME	
STREET ADDRESS 2545 S BAYSHORE DR #206		4.3 STREET ADDRESS	
CITY-ST-ZIP COCONUT GROVE FL 33133		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SERRALES, JUAN		5.2 NAME SERRALLES, JUAN	
STREET ADDRESS 2545 S BAYSHORE DR #111		5.3 STREET ADDRESS 2545 S. BAYSHORE DRIVE, #111	
CITY-ST-ZIP COCONUT GROVE FL 33133		5.4 CITY-ST-ZIP COCONUT GROVE, FL 33133	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARBONI, JIM		6.2 NAME	
STREET ADDRESS 17125 BAY ST		6.3 STREET ADDRESS	
CITY-ST-ZIP JUPITER FL 33477		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *Juan Serralles* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)