

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUC 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO STATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mon  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 758923 (7)**  
 1. Corporation Name  
**BAY VIEW PLAZA CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**1621 BAY ROAD MIAMI BEACH FL 33139**      **1621 BAY ROAD MIAMI BEACH FL 33139**

3. Date Incorporated or Qualified **06/25/1981**      3a. Date of Last Report **03/13/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
<b>21</b>	<b>26</b>	<b>59-2032878</b>	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>22</b>	<b>27</b>		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>23</b>	<b>28</b>		
Zip	Country	Zip	Entry
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**EDELMAN, BORIS**  
**1621 BAY RD.**  
**MIAMI BEACH FL 33139**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b>
<b>85</b> 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 signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EDELMAN, BORIS</b>	1. NAME	
STREET ADDRESS	<b>1301 N.E. 7TH STREET</b>	1. STREET ADDRESS	
CITY - ST - ZIP	<b>HALLANDALE FL 33009</b>	1. CITY - ST - ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EDELMAN, ARNOLD</b>	2. NAME	
STREET ADDRESS	<b>1301 N.E. 7TH STREET</b>	2. STREET ADDRESS	
CITY - ST - ZIP	<b>HALLANDALE FL 33009</b>	2. CITY - ST - ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUIZ, CHRISTINE B</b>	3. NAME	
STREET ADDRESS	<b>1621 BAY ROAD</b>	3. STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI BEACH FL 33139</b>	3. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY - ST - ZIP		4. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY - ST - ZIP		5. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY - ST - ZIP		6. 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 appears in Block 12 or Block 13 if changed, or on an attachment with this address.

SIGNATURE: *Boris Edelman*      Date: **9/6/07/26**      (305) 538-7488

CR2E037 (3/96)