2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N03000008754 04 NOV 17 AM 9:52 1. Entity Name BAY COURT CONDOMINIUM ASSOCIATION, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 6905 BAY DRIVE 6905 BAY DRIVE MIAMI BEACH, FL 33141 MIAMI BEACH, FL 33141 2. Principal Place of Business Mailing Address clo Blue Suite, Apt. #, etc. 08192004 Chg-NP CB2E037 (10/03) 4. FEI Number 02-0708404 City & State Applied For Not Applicable \$8.75 Additional '-Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BLUE SKY KEAL CRONUG-STEVEN C- ---Street Address (P.O. Box Number is Not Acceptable) 307 CONTINENTAL PLAZA 3250 MARY STREET 4+H PLACE COCONUT GROVE, FL 33133 City MIAMI BEACI 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. I am familiar with, and accept the obligations of registered agent SHEINER SIGNATURE 9. Election Campaign Financing Make check payable to \$5.00 May Be Amended AR is \$61.25 Florida Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. SUSAN BIETERMAN Change Addition Delete TITLE _ TITLE SCHEARTZ, DAREN NAME NAME 6915 BAY DR. #1 501 CONTINENTAL PLAZA 3250 MARY STREET STREET ADDRESS STREET ADDRESS MIAMI BEACH, FL COCONUT GROVE, FL 33133 CITY-ST-ZIP CITY-ST-ZIP Delete CARLOS CANINO TITLE TITLE SUKOFF, IRA NAME NAME 6915 BAY DR. #6 501 CONTINENTAL PLAZA 3250 MARY STREET STREET ADDRESS STREET ADDRESS MIAMI BEACH FL CITY-ST-ZIP CITY-ST-ZIP COCONUT GROVE, FL 33133 VERONICA ROBERSON Change 6905 BAY DR. # 16. Delete TITLE TITLE BERMAN DANA NAME 501 CONTINENTAL PLAZA 3250 MARY STREET STREET ADDRESS STREET ADDRESS MIAMI BEACH FL COCONUT GROVE, FL 33133 CITY-ST-ZIP 33141 CITY-ST-ZIP Change ~ Addition THILE - Delete LISA MATHIS 6905 BAY DR # 14 MIAMI BEACH FL NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ARMANDO GONZALEZ Change PAddition ☐ Delete TITLE TITLE NAME NAME 6915 BAY DR. #8 STREET ADDRESS STREET ADDRESS CITY-ST-71P MIAMI BEACH FU CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

JUSAN -8-30-04 SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.