

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 PM 6:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N26952 (4)

1. Corporation Name
BAYSIDE VILLAGE EAST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
MICHAEL A. MASH, JR
ONE FISHER ISLAND DRIVE
FISHER ISLAND FL 33109

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/15/1988** 3a. Date of Last Report **04/25/1994**
4. FEI Number **65-0058288** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **One Fisher Island Drive** 26 **One Fisher Island Drive**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Fisher Island, FL** 28 **Fisher Island, FL**
Zip Country Zip Country
24 **33109** 25 **USA** 29 **33109** 30 **USA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.002, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
POTASH, IRWIN M., M.D.
2033 FISHER ISLAND DR.
FISHER ISLAND FL 33109

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTASH, IRWIN M	1.2 NAME	
STREET ADDRESS	2033 FISHER ISLAND DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	FISHER ISLAND FL	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, DR. LAWRENCE C	2.2 NAME	
STREET ADDRESS	2042 FISHER ISLAND DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	FISHER ISLAND FL	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PFLERGER, H. J. JR	3.2 NAME	
STREET ADDRESS	2016 FISHER ISLAND DRIVE	3.3 STREET ADDRESS	Kenneth A.B. Trippe
CITY - ST - ZIP	FISHER ISLAND FL	3.4 CITY - ST - ZIP	2134 Fisher Island Drive
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: Irwin M. Potash, President & Director 4/20/95 305-358-4265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Daytime Phone #)