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CORPORATION  
ANNUAL REPORT  
1995



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

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N36055 (4)**

1. Corporation Name

**BAYVIEW HOMES I CONDOMINIUM ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O LEONARD R. CUTTLER 5408 EAGLES PT. CIR. #103 SARASOTA FL 34231 US	C/O LEONARD R. CUTTLER 5408 EAGLES PT. CIR #103 SARASOTA FL 34231 US

3. Date Incorporated or Qualified <b>01/11/1990</b>	3a. Date of Last Report <b>01/24/1994</b>
4. FEI Number <b>59-2985777</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent

**CUTTLER, LEONARD R.  
5408 EAGLES PT. CIR #103  
SARASOTA FL 34231**

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: *Leonard R. Cuttler* **LEONARD R CUTTLER** DATE: **1/14/95**

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	KUERSCHNER, WALTER
STREET ADDRESS	5408 EAGLES PT CIR #301
CITY - ST - ZIP	SARASOTA FL
TITLE	DT
NAME	CUTLER, LEONARD
STREET ADDRESS	5408 EAGLES PT CIR #103
CITY - ST - ZIP	SARASOTA FL
TITLE	DV
NAME	FLEISCHMANN, PAUL
STREET ADDRESS	5400 EAGLES PT CIR #304
CITY - ST - ZIP	SARASOTA FL
TITLE	D
NAME	NOVICK, DAVID
STREET ADDRESS	5400 EAGLES PT. CIR #105
CITY - ST - ZIP	SARASOTA FL
TITLE	D
NAME	KIRSTEN, HANS
STREET ADDRESS	5408 EAGLES PT. CIR #201
CITY - ST - ZIP	SARASOTA FL
TITLE	DS
NAME	NUSBAUM, JACK
STREET ADDRESS	5400 EAGLES PT CIR #205
CITY - ST - ZIP	SARASOTA 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	<b>D.T. CUTTLER, LEONARD</b>
2.3 STREET ADDRESS	<b>5408 EAGLES PT. CIR. #103</b>
2.4 CITY - ST - ZIP	<b>SARASOTA, FL</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>D. KIRSTEN, HANS</b>
5.3 STREET ADDRESS	<b>5408 EAGLES PT. CIR #201</b>
5.4 CITY - ST - ZIP	<b>SARASOTA, FL.</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Leonard R. Cuttler* **LEONARD R CUTTLER** DATE: **1/14/95** 813-925-1998