

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N36055 (4)
 1. Corporation Name

BAYVIEW HOMES I CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business C/O LEONARD R. CUTTLER 5408 EAGLES PT. CIR. #103 SARASOTA FL 34231 US	Mailing Address C/O LEONARD R. CUTTLER 5408 EAGLES PT. CIR #103 SARASOTA FL 34231 US
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3. Date Incorporated or Qualified 01/11/1990
4. FEI Number 59-2985777
Applied For Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CUTTLER, LEONARD R. 5408 EAGLES PT. CIR #103 SARASOTA FL 34231	
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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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUERSCHNER, WALTER	1.2 NAME	
STREET ADDRESS	5408 EAGLES PT CIR #301	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	OT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUTTLER, LEONARD	2.2 NAME	
STREET ADDRESS	5408 EAGLES PT CIR #103	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEISCHMANN, PAUL	3.2 NAME	
STREET ADDRESS	5400 EAGLES PT CIR #304	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, JIMMIE	4.2 NAME	
STREET ADDRESS	5400 EAGLES POINT CIR 305	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUSBAUM, CARL	5.2 NAME	
STREET ADDRESS	5400 EAGLES POINT CIRCLE #405	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUSBAUM, JACK	6.2 NAME	
STREET ADDRESS	5400 EAGLES PT CIR #205	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	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)(i), 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.

SIGNATURE: *Carl N. Nussbaum* **REQUIRED** 1/14/98 99-92-2261

CR2E037 (10/97)