


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 19, 1999 8:00 am**  
**Secretary of State**

04-19-1999 90112 018 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N36055**

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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2. Principal Place of Business 21 <b>2831 Ringling Blvd</b> Suite, Apt. #, etc. 22 <b>215 E</b> City & State 23 <b>SARASOTA FL</b> Zip Country 24 <b>34237</b> 25 <b>US</b>	2a. Mailing Address 26 <b>2831 Ringling Blvd</b> Suite, Apt. #, etc. 27 <b>215 E</b> City & State 28 <b>SARASOTA FL</b> Zip Country 29 <b>34237</b> 30 <b>US</b>	3. Date Incorporated or Qualified <b>01/11/1990</b>
		4. FEI Number <b>59-2985777</b> Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

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 **mms**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**2831 Ringling Blvd.**  
 83 **SUITE 215 E**  
 84 City **SARASOTA** 85 **FL** 86 Zip Code **34237**

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: \_\_\_\_\_ DATE: **4/2/99**  
Signature, typed or printed name of registered agent and type if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>KUERSCHNER, WALTER</b>
STREET ADDRESS	<b>5408 EAGLES PT CIR #301</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<b>OT</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>CUTTLER, LEONARD</b>
STREET ADDRESS	<b>5408 EAGLES PT CIR #103</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<b>DV</b> <input type="checkbox"/> DELETE
NAME	<b>FLEISCHMANN, PAUL</b>
STREET ADDRESS	<b>5400 EAGLES PT CIR #304</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<b>DP</b> <input type="checkbox"/> DELETE
NAME	<b>NUSBAUM, CARL</b>
STREET ADDRESS	<b>5400 EAGLES POINT CIRCLE #405</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>NUSBAUM, JACK</b>
STREET ADDRESS	<b>5400 EAGLES PT CIR #205</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>DS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>IRVIN INDYKE</b>
2.3 STREET ADDRESS	<b>1628 STARLING DR.</b>
2.4 CITY-ST-ZIP	<b>SARASOTA, FL</b>
3.1 TITLE	<b>PT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE: **X [Signature]** DATE: **4/13/98** DAYTIME PHONE #: **941-361-3087**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2037 (1/1/98)

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