## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

STREET ADDRESS

**SIGNATURE:** 

175 SE 25TH RD 5C

745785

(6)

25 BAY TOWER ASSOCIATION, INC.

FILED										
Feb 04 1997 8:00am										
Secretary of State										

Daytime Phone # 0033327

Dale

Principal Place of Business Mailing Address								E RANDEN INNSTAULT BETINK I				RIA BIBIR ARBA
20815 NE 16 AV	Æ	20815 N	E 16 AVE									
#B14 #B14							-					
I N MIAMI BEACH FL 33179 N MIAMI BEACH FL 33179			9-2138	1130			3. Date Incorporated or Q	ualified	3a. Date o			
00								02/01/1979		02/	22/199	96
2. Principal Pl	ace of Business	2a. Mai	ling Address					4. FEI Number			Ar	plied For
21		26						59-1907080				t Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.						5. Certificate of Status De	sired	□ \$		Additional
City & State		City & State						A Flacks O	1		Fee Re	·
23	,	28	— ·					<ol><li>Election Campaign Fina Trust Fund Contribution</li></ol>	_		\$5.00 Added 1	May Be
Zip	Country	Zip		Co	ountry			8. This corporation has lia				
24	25	29		30	,			Florida Statutes	· —	Yes N		. 199.032,
	9. Name and Address of Curren		d Agent	1001	1			10. Name and Address of				
					81	Namg	SKRLD	Inc.	¥. ()			
LERNER	LISA A., ESQ.				82	· · · · · · · · · · · · · · · · · · ·		s (P.O. Box Number is Not a		<u> </u>		
	ED, KIPPIS, RIVERA, LERNER, ET	ſ AL			"	2	201 A	lhambra Circle	Sult	e 1102		
	AMBRA CIRCLE, SUITE 1102				83							
	SABLES FL 33134				84	City		· · · · · · · · · · · · · · · · · · ·		To.	5 Zip i	Çode
						M	4i.ami			FL	33	134
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 re 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 reg agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.										s registered		
agent. I ar	m familiar with, and accept the obliga	ations of Sec	ction 617.0503, F	lorida St	atutes	r ine con i	poration	S poard of directors. Friere	ny accept	ше арропц	Hern as	ieBigreien
SIGNATURE		Linat	-	, S∈	ere	etary	7					
	Signature typed or printed name of registered again	nt and litle it appl	licable (NO			nt signature	e required w	when reinstating)	O OFFICE	DATE	SESTOR	20 10 40
12.	OFFICERS AND	J DIHECTOR	T DELETE	13	TITLE		<del></del>	ADDITIONS/CHANGES	IO OFFICE		Change	Addition
	P IFFE P				NAME						Chango	Addition
NAME PERCET ADDOCÉS	WEINER, JEFF B.					*DDDECC						
STREET ADDRESS	175 SE 25TH RD.,UNIT #6F			- 1	CITY-S	ADDRESS	1					
CITY-ST-ZIP TITLE	MIAMI FL		DELETE		TITLE	1-24	1				Change	Addition
NAME	OPPENHEIM, STEVEN				NAME						•	
STREET ADDRESS	175 SE 25TH RD.,UNIT #2F			2.3	STAEET	ADDRESS						
CITY-ST-ZIP	MIAMI FL			2.4	CITY-	SY-ZIP	1					
TITLE	T	*****	DELETE	3.1	TITLE		1		······································		Change	Addition
NAME	GRANDE-ROSSI, LUISA			3.2	NAME							
STREET ADDRESS	175 SE 25TH RD., UNIT #3D			3.3	STREET	address						
CITY-ST-ZIP	MIAMI FL			3.4	. CITY-	ST-ZIP	<u></u>					
TITLE	S		DELETE	4.1	TITLE		5				Change	Addition
NAME	HOLZMAN, ALFRED			4.2	NAME			phanie Galla				
STREET ADDRESS	175 SE 25TH RD.,UNIT #6E			4.3	STREET	ADDRESS		S.B. 25th 1		#2F		
CITY-ST-ZIP	MIAMI FL				CITY-S	T-ZIP		mi, FL 3312	29			
TITLE	D		DELETE		TITLE		D				Change	Addition
NAME	SCHER, ARNOLD			- 1	NAME			e Smith				
STREET ADDRESS	175 SE 25TH RD 3F					ADDRESS	175	S.E. 25 Ros	ad #1	1C		
CITY-ST-ZIP	MIAMI FL				CITY-S	IT - ZIP	Mia	mi, FL 3312	29		01	g 3-397 .
TITLE	D		☐ DELETE		TITLE					Ц	Change	☐ Addition
NAME	SCHLESINGER, BILL			6.2	NAME							

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 of an attachment with an address.

TEOURED