

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 12 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # 728144 (7)**  
1. Corporation Name  
**BAY PARK TOWERS CONDOMINIUM ASSOCIATION, INC.**



|   |  |
|---|--|
| Principal Place of Business<br><b>3301 N.E. 5TH AVENUE<br/>MIAMI FL 33137</b> | Mailing Address<br><b>3301 N.E. 5TH AVENUE<br/>MIAMI FL 33137-4053</b> |
|---|--|

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>11/21/1973</b>  | 3a. Date of Last Report<br><b>02/06/1996</b>           |
| 4. FEI Number<br><b>59-1603811</b>  | Applied For<br><input type="checkbox"/> 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                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

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

9. Name and Address of Current Registered Agent  
**LERNER, LISA  
201 ALHAMBRA CIRCLE, SUITE 1102  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

|   |
|---|
| 81 Name   |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83  |
| 84 City <b>FL</b> 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                          |  |
|---|--|
| TITLE<br><b>P</b>                                   | <input checked="" type="checkbox"/> DELETE |
| NAME<br><b>KING, EDWIN V</b>                        |  |
| STREET ADDRESS<br><b>3301 NE 5TH AVE, #1210</b>     |  |
| CITY-ST-ZIP<br><b>MIAMI FL</b>                      |  |
| TITLE<br><b>V</b>                                   | <input checked="" type="checkbox"/> DELETE |
| NAME<br><b>AMAZON, VIRGINIA</b>                     |  |
| STREET ADDRESS<br><b>3301 NE 5TH AVE, #910</b>      |  |
| CITY-ST-ZIP<br><b>MIAMI FL</b>                      |  |
| TITLE<br><b>ST</b>                                  | <input checked="" type="checkbox"/> DELETE |
| NAME<br><b>BELL, BARBARA</b>                        |  |
| STREET ADDRESS<br><b>3301 NE 5H AVE, #901</b>       |  |
| CITY-ST-ZIP<br><b>MIAMI FL</b>                      |  |
| TITLE<br><b>D</b>                                   | <input checked="" type="checkbox"/> DELETE |
| NAME<br><b>ADAMS, AUSTER</b>                        |  |
| STREET ADDRESS<br><b>3301 NE 5TH AVENUE, # 1010</b> |  |
| CITY-ST-ZIP<br><b>MISMI FL</b>                      |  |
| TITLE<br><b>D</b>                                   | <input checked="" type="checkbox"/> DELETE |
| NAME<br><b>RAYMOND, SAIGH</b>                       |  |
| STREET ADDRESS<br><b>3301 NE 5TH AVENUE, # 1003</b> |  |
| CITY-ST-ZIP<br><b>MIAMI FL</b>                      |  |
| TITLE<br><b>D</b>                                   | <input checked="" type="checkbox"/> DELETE |
| NAME<br><b>TIERS, CLAUDE R</b>                      |  |
| STREET ADDRESS<br><b>3301 N.E. 5TH AVE, #1101</b>   |  |
| CITY-ST-ZIP<br><b>MIAMI FL</b>                      |  |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|--|
| 1.1 TITLE<br><b>PD</b>                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME<br><b>Glenn Dunleavy</b>                     |  |
| 1.3 STREET ADDRESS<br><b>3301 NE 5 Avenue, # 112</b>  |  |
| 1.4 CITY-ST-ZIP<br><b>Miami, Fl. 33137</b>            |  |
| 2.1 TITLE<br><b>VPD</b>                               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME<br><b>Joseph Nardone</b>                     |  |
| 2.3 STREET ADDRESS<br><b>3301 NE 5 Avenue #220</b>    |  |
| 2.4 CITY-ST-ZIP<br><b>Miami, Fl. 33137</b>            |  |
| 3.1 TITLE<br><b>SB</b>                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME<br><b>Paul McLean</b>                        |  |
| 3.3 STREET ADDRESS<br><b>3301 NE 5 Avenue #1205</b>   |  |
| 3.4 CITY-ST-ZIP<br><b>Miami, Fl. 33137</b>            |  |
| 4.1 TITLE<br><b>TD</b>                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME<br><b>Diego Martinez</b>                     |  |
| 4.3 STREET ADDRESS<br><b>3301 NE 5 Avenue # 713</b>   |  |
| 4.4 CITY-ST-ZIP<br><b>Miami, Fl. 33137</b>            |  |
| 5.1 TITLE<br><b>D</b>                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME<br><b>Craig Schaffer</b>                     |  |
| 5.3 STREET ADDRESS<br><b>3301 NE 5 Avenue # 807</b>   |  |
| 5.4 CITY-ST-ZIP<br><b>Miami, Fl. 33137</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 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: Paul McLean SIGNATURE REQUIRED Paul McLean Date 9 January 1997 (305) 573-5404  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0029220

CR2E037 (9/96)