


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 05 1998 8:00am
Secretary of State**

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 728144 (7)

1. Corporation Name
BAY PARK TOWERS CONDOMINIUM ASSOCIATION, INC.



| | |
|---|---|
| Principal Place of Business 3301 N.E. 5TH AVENUE MIAMI FL 33137 | Mailing Address 3301 N.E. 5TH AVENUE MIAMI FL 33137 |
|---|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 11/21/1973 | |
| 4. FEI Number 59-1603811 | Applied For <input type="checkbox"/> Not Applicable |
| 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 | |

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

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 | 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 PD | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME DUNLEAVY, GLENN | | 1.2 NAME Joseph Nordone | |
| STREET ADDRESS 3301 N.E. 5 AVE., #112 | | 1.3 STREET ADDRESS 3301 N. E. 5th Avenue #220 | |
| CITY-ST-ZIP MIAMI FL | | 1.4 CITY-ST-ZIP Miami, FL 33137 | |
| TITLE VPD | <input type="checkbox"/> DELETE | 2.1 TITLE VPD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME NORDONE, JOSEPH | | 2.2 NAME Mara Houstoun | |
| STREET ADDRESS 3301 N.E. 5 AVE., #220 | | 2.3 STREET ADDRESS 3301 N. E. 5th Avenue #210 | |
| CITY-ST-ZIP MIAMI FL | | 2.4 CITY-ST-ZIP Miami, FL 33137 | |
| TITLE SD | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME MCLEAN, PAUL | | 3.2 NAME Marie Di Rocco | |
| STREET ADDRESS 3301 N.E. 5 AVE., #1205 | | 3.3 STREET ADDRESS 3301 N. E. 5th Avenue #PH-11 | |
| CITY-ST-ZIP MIAMI FL | | 3.4 CITY-ST-ZIP Miami, FL 33137 | |
| TITLE TD | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MARTINEZ, DIEGO | | 4.2 NAME | |
| STREET ADDRESS 3301 N.E. 5 AVE., #713 | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP MISMI FL | | 4.4 CITY-ST-ZIP | |
| TITLE D | <input checked="" type="checkbox"/> DELETE | 5.1 TITLE D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME SCHAFFER, CRAIG | | 5.2 NAME Jody Theobald | |
| STREET ADDRESS 3301 N.E. 5 AVE., #807 | | 5.3 STREET ADDRESS 3301 N. E. 5th Avenue #515 | |
| CITY-ST-ZIP MIAMI FL | | 5.4 CITY-ST-ZIP Miami, FL 33137 | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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: *Joseph A. Nordone* JOSEPH A. NORDONE - PRESIDENT 1/25/98 (305) 262-2444 x332

CR2E037 (10/97)