

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 743025 (9)

1. Corporation Name

BAY COURT TOWERS CONDOMINIUM, INC.



Principal Place of Business

Mailing Address

899 WEST AVENUE
MIAMI BEACH FL 33139

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MIAMI BEACH FL 33139

3. Date Incorporated or Qualified

05/25/1978

4. FEI Number

59-1924203

Applied For

Not Applicable

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

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GONZALEZ, MARIA B.
899 WEST AVENUE
APT. 8J
MIAMI BEACH FL 33139

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD ☐ DELETE
NAME GABLE, CLARK
STREET ADDRESS 899 W AVE, 9E
CITY-ST-ZIP MIAMI BEACH FL

1.1 TITLE SD ☐ Change ☐ Addition
1.2 NAME GABLE, CLARK
1.3 STREET ADDRESS 899 W AVE, 9E
1.4 CITY-ST-ZIP MIAMI BEACH FL

TITLE TD ☐ DELETE
NAME REYES, SANDRA
STREET ADDRESS 899 W AVE, 5A
CITY-ST-ZIP MIAMI BEACH FL

2.1 TITLE TD ☐ Change ☐ Addition
2.2 NAME REYES, SANDRA
2.3 STREET ADDRESS 899 W AVE, 5A
2.4 CITY-ST-ZIP MIAMI BEACH FL

TITLE VD ☐ DELETE
NAME GONZALEZ, LEOPOLDO
STREET ADDRESS 899 WEST AVENUE, #3D
CITY-ST-ZIP MIAMI BEACH FL

3.1 TITLE VD ☐ Change ☐ Addition
3.2 NAME GONZALEZ, LEOPOLDO
3.3 STREET ADDRESS 899 W AVE, 3M
3.4 CITY-ST-ZIP MIAMI BEACH FL

TITLE PD ☐ DELETE
NAME PARRA, ALFREDO A
STREET ADDRESS 899 WEST AVENUE, #6E
CITY-ST-ZIP MIAMI BEACH FL

4.1 TITLE PD ☐ Change ☐ Addition
4.2 NAME PARRA, ALFREDO A
4.3 STREET ADDRESS 899 W AVE, # 6E
4.4 CITY-ST-ZIP MIAMI BEACH FL

TITLE D ☐ DELETE
NAME RETUETA, SOPHIA
STREET ADDRESS 899 W AVE, 6A
CITY-ST-ZIP MIAMI BCH FL

5.1 TITLE D ☐ Change ☐ Addition
5.2 NAME RETUTA SOPHIA
5.3 STREET ADDRESS 899 W AVE, 6A
5.4 CITY-ST-ZIP MIAMI BEACH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE:

Alfred A. Parra

President

5/22/98

CR2E037 (10/97)