FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 717860

1. Corporation Name

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23

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Zip

City & State

Country

9. Name and Address of Current Registered Agent

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BAYSHORE PLACE CONDOM	INIUM, INC.			
Principal Place of Business	Mailing Address			
1420 BRICKELL BAY DR MIAMI FL 33131 US	1420 BRICKELL BAY DRIVE MIAMI FL 33131 US			
Principal Place of Business 21	2a. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			

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Zip

City & State

FILED Mar 01, 1999 8:00 am § Secretary of State

03-01-1999 90014 008 ****61.25

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

10. Name and Address of New Registered Agent

Trust Fund Contribution

01/12/1970 4. FEI Number

59-1475007

TITLE SD DELETE 1.1 TITLE Change Addition NAME PEREZ-CISNEROS, PABLO 12 NAME STREET ADDRESS 1420 BRICKELL BAY DRIVE NAME FLORES, RAMON 22 NAME FLORES, RAMON STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 Change Addition NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 Change Addition NAME LAMBERT, WALTER 32 NAME STREET ADDRESS 1420 BRICKELL BAY DRIVE 33 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 Change Addition NAME LAMBERT, WALTER 32 NAME STREET ADDRESS 1420 BRICKELL BAY DRIVE MIAMI FL 33131 DELETE A1 TITLE NAME MIGNONE, TERESA 4.2 NAME STREET ADDRESS 1420 BRICKELL BAY DRIVE MIGNONE, TERESA 4.2 NAME STREET ADDRESS 1420 BRICKELL BAY DRIVE MIGNONE, TERESA 4.3 STREET ADDRESS MIAMI FL 33131 DELETE 5.1 TITLE NAME SUAREZ, ROBERTO NAME SUAREZ, ROBERTO STREET ADDRESS MIAMI FL 33131 DELETE STITLE TD TD DELETE STITLE TD D											
MIAMI FL 33131 83	ZAMORA, NELLY		82	Street A	et Address (P.O. Box Number is Not Acceptable)						
MIAMI FL 33131 B4 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 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 SIGNA	1420 BRICKELL BAY DRIVE			-		·					
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office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's Solario of directors. I hereby accept the appointment as registered agent and accept the obligations of, Section 617,0503, Floridad Statutes. SIGNATURE 12.		_									
Agent. I am familiar with, and accept the obligations of, Section 617 0503, Florida Statutes. SIGNATURE Signature, hybed or profited name of registered agent and title if applicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE NAME PEREZ-CISNEROS, PABLO 12. NAME PEREZ-CISNEROS, PABLO 12. NAME STREET ADDRESS 14.20 BRICKELL BAY DRIVE 13. STREET ADDRESS 14.20 BRICKELL BAY DRIVE 22. STREET ADDRESS 14.20 BRICKELL BAY DRIVE 33. STREET ADDRESS 14.20 BRICKELL BAY DRIVE 43. STREET ADDRESS 14.20 BRICKELL BAY DRIVE 43. STREET ADDRESS 14.20 BRICKELL BAY DRIVE 43. STREET ADDRESS 14.20 BRICKELL BAY DRIVE 33. STREET ADDRESS 14.20 BRICKELL BAY DRIVE 43. STREET ADDRESS 14.20 BRICKELL BAY DRIVE 33. STREET ADDRESS 14.20 BRICKELL BAY DRIVE 34. CTY-ST-ZP 14. CTY-ST-ZP 15. CTY-ST-ZP 16. CTY-ST-ZP 17. CTY-ST-ZP 18. ADDRESS 18. ADDRESS ADDRESS	11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation's hoard of directors. I hereby accept the appointment as registered										
SIGNATURE 12.	agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.										
Signature, typed or primed intern of egistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	SIGNATURE										
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63 STREET ADDRESS 1420 BRICKELL BAY DR				6.3 STREET	ADDRESS	1420 BRICKELL BAY DR		1			
$\blacksquare 64 \text{ CITY-ST-ZIP} M \mid M \mid M \mid , F \subseteq 33/3/3$	CITY OT 710					MIAM, FG 33/3/					
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	14. I hereby	certify that the information supplied with this filing	does not qualify for the	ne exempt	on stated	I in Section 119.07(3)(i), Florida Statutes. I further certify the	t the in	formation			

Country

81 Name

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ed to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in with all other like employered. officer or director of the corporal Block 12 or Block 13 if changed

SIGNATURE:

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable