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Secretary of State

03-01-1999 90229 045 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 728144
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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/21/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1603811
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 FL 85 Zip Code
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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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORDONE, JOSEPH	1.2 NAME	
STREET ADDRESS	3301 N.E. 5TH AVE, #220	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137	1.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORDONE, JOSEPH	2.2 NAME	PALOU, NORA
STREET ADDRESS	3301 N.E. 5 AVE., #220	2.3 STREET ADDRESS	3301 N.E. 5th Ave. #1218
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL 33137
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCCO, MARIE D	3.2 NAME	DI ROCCO, MARIE
STREET ADDRESS	3301 N.E. 5TH AVE, PH-11	3.3 STREET ADDRESS	3301 N.E. 5th Ave., PH-11
CITY-ST-ZIP	MIAMI FL 33137	3.4 CITY-ST-ZIP	Miami, FL 33137
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, DIEGO	4.2 NAME	MARTINEZ, DIEGO
STREET ADDRESS	3301 N.E. 5 AVE., #713	4.3 STREET ADDRESS	3301 N. E. 5th Avenue #713
CITY-ST-ZIP	MISM FL	4.4 CITY-ST-ZIP	Miami, FL 33137
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THEOBALD, JODY	5.2 NAME	THEOBALD, JODY
STREET ADDRESS	3301 N.E. 5TH AVE, #515	5.3 STREET ADDRESS	3301 N.E. 5th Ave., #515
CITY-ST-ZIP	MIAMI FL 33137	5.4 CITY-ST-ZIP	Miami, FL 33137
TITLE	VPD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOUSTOUN, MARA	6.2 NAME	Mc LEAN, PAUL
STREET ADDRESS	3301 N.E. 5TH AVE, #210	6.3 STREET ADDRESS	3301 N.E. 5th Ave. #1205
CITY-ST-ZIP	MIAMI FL 33137	6.4 CITY-ST-ZIP	Miami, FL 33137

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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **1/14/99** (305)573-2314 Date Daytime Phone #

CR2E037 (11/98)