
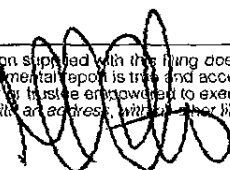


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 706963		
1. Entity Name BAY SIXTEEN CONDOMINIUM INC		
Principal Place of Business 1601 BAY ROAD APT 1 MIAMI BEACH, FL 33139		Mailing Address 1601 BAY ROAD APT 1 MIAMI BEACH, FL 33139
DO NOT WRITE IN THIS SPACE		
		
02072006 No Chg-NP CR2E037 (11/05)		
4. FEI Number 59-2372892		Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
NEMEROFF, JULIA 1601 BAY RD #1 MIAMI BCH, FL 33139		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE  DATE		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		000000465124 03/22/06-80024-012 61.25
TITLE	ST	DO NOT WRITE IN THIS SPACE
NAME	STEIN, LUIS	
STREET ADDRESS	1601 BAY ROAD APT # 7	
CITY- ST- ZIP	MIAMI BEACH, FL 33139	
TITLE	PD	
NAME	CABRERA, HILBERTO	
STREET ADDRESS	1601 BAY ROAD APT # 5	
CITY- ST- ZIP	MIAMI BEACH, FL 33139	
TITLE	VD	DO NOT WRITE IN THIS SPACE
NAME	JULIA, NEMEROFF	
STREET ADDRESS	1601 BAY ROAD, APT 1	
CITY- ST- ZIP	MIAMI BEACH, FL 33139	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		DO NOT WRITE IN THIS SPACE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, without other like empowered.		
SIGNATURE: 		Date 3/1/06 Daytime Phone # 305 970 4402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		