


2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # 706963 1. Entity Name BAY SIXTEEN CONDOMINIUM INC	
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Principal Place of Business 1601 BAY ROAD APT 1 MIAMI BEACH, FL 33139	Mailing Address 1601 BAY ROAD APT 1 MIAMI BEACH, FL 33139
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DO NOT WRITE IN THIS SPACE



04232007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2372892	Applied For 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STEIN, LUIS 1601 BAY ROAD APT # 7 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CABRERA, HILBERTO 1601 BAY ROAD APT # 5 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JULIA, NEMEROFF 1601 BAY ROAD, APT 1 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/23/07-80088-009 61.25

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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, with or without the empowered.

SIGNATURE:  HILBERTO CABRERA 4/24/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #