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2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 709774			
City Name MIAMI BAY CONDOMINIUM, INC.			
Principal Place of Business N.E. 69TH STREET MI, FL 33138 US		Mailing Address 770 N.E. 69TH STREET MIAMI, FL 33138 US	
Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1112308		Applied For <input 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		7. Name and Address of New Registered Agent	
(RLD, INC. 11 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES, FL 33134		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

66013507



03142007 Chg-NP CR2E037 (12/06)

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 _____ (NOTE: Registered Agent signature required when retreating) _____ DATE _____

Filing Fee is \$81.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANATRA, GIGI		NAME	GANATRA, GIGI	
STREET ADDRESS	770 N.E. 69TH STREET, # 6I		STREET ADDRESS	770 N.E. 69th St #6I	
CITY-STATE-ZIP	MIAMI, FL 33138		CITY-STATE-ZIP	Miami, FL 33138	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHISEN, WILLIAM		NAME	MATHISEN, WILLIAM	
STREET ADDRESS	770 N.E. 69TH STREET, # 2F		STREET ADDRESS	770 N.E. 69th St, #2F	
CITY-STATE-ZIP	MIAMI, FL 33138		CITY-STATE-ZIP	Miami, FL 33138	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIGI, GANATRA		NAME	TIPPETT, SUSAN	
STREET ADDRESS	770 NE 69 ST., UNIT 6I		STREET ADDRESS	770 N.E. 69th St, # 7H	
CITY-STATE-ZIP	MIAMI, FL 33138		CITY-STATE-ZIP	Miami, FL 33138	
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COHEN, JOEL		NAME	LOVELAND, KATHERINE	
STREET ADDRESS	770 N.E. 69TH STREET, # 3I		STREET ADDRESS	770 N.E. 69th St # 2H	
CITY-STATE-ZIP	MIAMI, FL 33138		CITY-STATE-ZIP	Miami, FL 33138	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONE, OWEN		NAME		
STREET ADDRESS	770 N.E. 69TH STREET, # 6D		STREET ADDRESS	→	
CITY-STATE-ZIP	MIAMI, FL 33138		CITY-STATE-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOYCE, WILLIAM R		NAME		
STREET ADDRESS	770 N.E. 69TH STREET, # 7D		STREET ADDRESS		
CITY-STATE-ZIP	MIAMI, FL 33138		CITY-STATE-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, with all other fees approved.

SIGNATURE: William R. Joyce 5/3/07 305-759-2455
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #