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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 717860
1. Corporation Name

(1)

BAYSHORE PLACE CONDOMINIUM, INC.

Principal Place	e of Business	Mailing Add	ress				1 1806)) 1890) (1901) (906) 1 <u>917</u> 91	HH DELFUTUU DIDIL DIQIL DI	III OLDER ÖLDIR 1891
1420 S. BAYSHORE DRIVE MIAMI FL 33131		1420 S. BA Miami Fl. 3	AYSHORE DRI 33131	IVE					
						3.	. Date Incorporated or Qualified 01/12/1970	3a. Date of La 03/20/	
2. Principal P	lace of Business	2a. Mailing A	Address			4.	. FEI Number <b>59-1475007</b>		Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Ap	pt. #, etc.			5.	. Certificate of Status Desired		5 Additional Required
City & Stat	е	City & Si	tate			6.	. Election Campaign Financing Trust Fund Contribution		00 May Be
Zip <b>24</b>	Country 25	Z <sub>(</sub> p		Countr 30	у	8.	. This corporation has liability fo Florida Statutes		
	9. Name and Address of Curre	ent Registered Ag	ent	<u> </u>		10	. Name and Address of New		
				B	Name	1			
	A, NELLY DUTH BAYSHORE DRIVE			8:	Street	Address (P	O. Box Number is Not Accepta	able)	
MIAMI F				8:	3				
				84	City			FL 85	Zip Code
or registe	to the provisions of Sections 617.050 red agent, or both, in the State of Flor ith, and accept the obligations of, Sec	rida. Such change v	was authorize	ed by the cor	named or poration's	orporation s board of d	submits this statement for the p directors. I hereby accept the ap	surpose of changing Its pointment as register	s registered office ed agent. I am
GIGIVATORE.	Stynature, typed or printed name of registered ager	nt and title if applicable	(NO	TE: Registered Agr	ent signature i	required when r	reinstating)	DATE	
12.	OFFICERS AN	ND DIDCATADA							
TITLE			365.55	13.	·	<del>,</del>	ADDITIONS/CHANGES TO OF		
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 cath; 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

31/96 (305) 373 5987 Daytine Prone V CR2E037 (12/95)