

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 717860 (1)**

1. Corporation Name

**BAYSHORE PLACE CONDOMINIUM, INC.**



Principal Place of Business

**1420 S. BAYSHORE DRIVE  
MIAMI FL 33131**

Mailing Address

**1420 S. BAYSHORE DRIVE  
MIAMI FL 33131**

3. Date Incorporated or Qualified  
**01/12/1970**

3a. Date of Last Report  
**03/20/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
**59-1475007**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZAMORA, NELLY  
1420 SOUTH BAYSHORE DRIVE  
MIAMI FL 33131**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>FLORES, MIRTA</b>	
STREET ADDRESS	<b>1420 SOUTH BAYSHORE DRIVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CISNEROS, TERESA PEREZ</b>	
STREET ADDRESS	<b>1420 SOUTH BAYSHORE DRIVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>TATZ, ARTHUR</b>	
STREET ADDRESS	<b>1420 SOUTH BAYSHORE DRIVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MORALES, YOLANDA</b>	
STREET ADDRESS	<b>1420 SE BAYSHORE DRIVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CENTNER, SYLVIA</b>	
STREET ADDRESS	<b>1420 S. BAYSHORE DRIVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MYERS, LYL</b>	
STREET ADDRESS	<b>1420 S BAYSHORE DRIVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>V.P.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>TREAS/SEC</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>WILLIAM J. WHELAN</b>	
2.3 STREET ADDRESS	<b>1420 S. BAYSHORE DR</b>	
2.4 CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
3.1 TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>WALTER LAMBERT</b>	
3.3 STREET ADDRESS	<b>1420 S. BAYSHORE DR</b>	
3.4 CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
4.1 TITLE	<b>PRES.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>NICOLAS AGUIRRE</b>	
4.3 STREET ADDRESS	<b>1420 S. BAYSHORE DR</b>	
4.4 CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
5.1 TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>TERESA MIGNONE</b>	
5.3 STREET ADDRESS	<b>1420 S. BAYSHORE DR</b>	
5.4 CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
6.1 TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>ROBERTO SUAREZ</b>	
6.3 STREET ADDRESS	<b>1420 S. BAYSHORE DR</b>	
6.4 CITY-ST-ZIP	<b>MIAMI FL 33131</b>	

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/31/96**

**(305) 373 5987**

CR2E037 (12/95)