FILE NOW: FILING FEE IS $61.25

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Mar 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **722133** **(6)**

1. Corporation Name

BAY VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1790 S. TREASURE DRIVE N. BAY VILLAGE FL 33141	1790 S. TREASURE DRIVE N. BAY VILLAGE FL 33141-4369

3. Date Incorporated or Qualified: **11/22/1971**
3a. Date of Last Report: **04/06/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: **59-1577458** ☐ Applied For ☑ Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

RITTER, JOHN
SUITE 20
9040 SUNSET DRIVE
MIAMI FL 33173

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☑ DELETE	1.1 TITLE	D	☑ Change ☐ Addition
NAME	SENNETT, BELLE		1.2 NAME	SCHECHTER, MILTON	
STREET ADDRESS	1790 S. TREASURE DR, #3C		1.3 STREET ADDRESS	1790 S. TREASURE DR. #2A	
CITY-ST-ZIP	N. BAY VILLAGE FL 33141		1.4 CITY-ST-ZIP	NORTH BAY VILLAGE, FL. 33141	
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GLADSTEIN,JEANNE		2.2 NAME		
STREET ADDRESS	1790 S. TREASURE DR.#2C		2.3 STREET ADDRESS		
CITY-ST-ZIP	N BAY VILLAGE FL 33141		2. 4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MIZRAHY, JACOBO		3.2 NAME		
STREET ADDRESS	1790 S TREASURE DR #4B		3.3 STREET ADDRESS		
CITY-ST-ZIP	N BAY VILLAGE FL 33141		3.4. CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CHAPMAN, CHERYL		4. 2 NAME		
STREET ADDRESS	1790 S TREASURE DR #4-A		4.3 STREET ADDRESS		
CITY-ST-ZIP	N. BAY VILLAGE FL 33141		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DURANT, JACK		5.2 NAME		
STREET ADDRESS	1790 S. TREASURE DR., #4C		5.3 STREET ADDRESS		
CITY-ST-ZIP	N. BAY VILLAGE FL 33141		5.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	POSSE, OSCAR A		6.2 NAME		
STREET ADDRESS	1790 S TREASUR DR, #3A		6.3 STREET ADDRESS		
CITY-ST-ZIP	N BAY VILLAGE FL 33141		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jacob Mizrahy JACOBO MIZRAHY 2/22/97 305-868-0665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0029780