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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 722133

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 11/22/1971
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1577458 ☐ Applied For ☒ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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		☐ Change ☐ Addition
NAME	SCHECHTER, MILTON		1.2 NAME		
STREET ADDRESS	1790 S TREASURE DR, #2A		1.3 STREET ADDRESS		
CITY-ST-ZIP	N BAY VILLAGE FL		1.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	2.1 TITLE	SD	☐ Change ☒ Addition
NAME	FOSTER, TIMOTHY		2.2 NAME	FOSTER, TIMOTHY	
STREET ADDRESS	1790 S TREASURE DR #4A		2.3 STREET ADDRESS	1790 S. TREASURE DR. #4A	
CITY-ST-ZIP	N BAY VILLAGE FL 33141		2.4 CITY-ST-ZIP	NORTH BAY VILLAGE, FL. 33141	
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	P	☐ Change ☒ Addition
NAME	CHAPMAN, CHERYL		4. 2 NAME	CHAPMAN, CHERYL	
STREET ADDRESS	1790 S TREASURE DR #4-A		4.3 STREET ADDRESS	1790 S. TREASURE DR. #4A	
CITY-ST-ZIP	N. BAY VILLAGE FL 33141		4.4 CITY-ST-ZIP	NORTH BAY VILLAGE, FL. 33141	
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	VPD	☐ Change ☒ Addition
NAME	POSSE, OSCAR A		6.2 NAME	GARCES, CARLOS	
STREET ADDRESS	1790 S TREASUR DR, #3A		6.3 STREET ADDRESS	1790 S. TREASURE DR. #3C	
CITY-ST-ZIP	N BAY VILLAGE FL 33141		6.4 CITY-ST-ZIP	NORTH BAY VILLAGE, FL. 33141	

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Jacobo Mizrahy JACOBO MIZRAHY 04/14/99 305-889-5860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #