

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JAN 27 PM 2:06

DOCUMENT # 728144 (7)
1. Corporation Name
BAY PARK TOWERS CONDOMINIUM ASSOCIATION, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

600001394926
-02/01/95--01037--005
****130.00 ****130.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
3301 N.E. 5TH AVENUE MIAMI FL 33137

3. Date Incorporated or Qualified **11/21/1973** 3a. Date of Last Report **06/14/1994**
4. FEI Number **59-1603811** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LERNER, USA
201 ALHAMBRA CIRCLE, SUITE 1102
CORAL GABLES FL 33134**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstated)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**
NAME **HARRIS, PATRICK**
STREET ADDRESS **3301 NE 5TH AVE, #403**
CITY-ST-ZIP **MIAMI FL**
TITLE **VP**
NAME **KING, EDWIN V.**
STREET ADDRESS **3301 NE 5TH AVE, #1210**
CITY-ST-ZIP **MIAMI, FL 00000**
TITLE **ST**
NAME **BELL, BARBARA**
STREET ADDRESS **3301 NE 5H AVE, #901**
CITY-ST-ZIP **MIAMI, FL 00000**
TITLE **D**
NAME **MAGIDA, ALAN**
STREET ADDRESS **3301 NE 5TH AVE, #PH11**
CITY-ST-ZIP **MIAMI FL**
TITLE **D**
NAME **AMAZON, VIRGINIA**
STREET ADDRESS **3301 NE 5TH AVE, #910**
CITY-ST-ZIP **MIAMI FL**
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **KING, EDWIN V.**
1.3 STREET ADDRESS **3301 NE 5TH AVE., #1210**
1.4 CITY-ST-ZIP **MIAMI, FL 33137**
2.1 TITLE **VP** ☒ Change ☐ Addition
2.2 NAME **AMAZON, VIRGINIA**
2.3 STREET ADDRESS **3301 NE 5TH AVE., #910**
2.4 CITY-ST-ZIP **MIAMI, FL 33137**
3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **BRODBAR, BARBARA**
3.3 STREET ADDRESS **3301 NE 5TH AVE., #703**
3.4 CITY-ST-ZIP **MIAMI, FL 33137**
4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **TTERS, CLAUDE R.**
4.3 STREET ADDRESS **3301 NE 5TH AVE., #1011**
4.4 CITY-ST-ZIP **MIAMI, FL 33137**
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 19.07(2)(b), 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 register or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 (check one) or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Barbara Bell Secretary/Treasurer

1/19/95 (305) 573-5404
Date
Telephone (Area #)