


FILE NOW: FILING FEE IS \$61.25

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90229 045 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 728144					
1. Corporation Name BAY PARK TOWERS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3301 N.E. 5TH AVENUE MIAMI FL 33137			Mailing Address 3301 N.E. 5TH AVENUE MIAMI FL 33137		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/21/1973	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1603811	
City & State		City & State		5. Certificate of Status Desired	
23		28		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		30	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LERNER, LISA 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 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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NORDONE, JOSEPH			1.2 NAME			
STREET ADDRESS	3301 N.E. 5TH AVE, #220			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33137			1.4 CITY-ST-ZIP			
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	NORDONE, JOSEPH			2.2 NAME	PALOU, NORA		
STREET ADDRESS	3301 N.E. 5 AVE., #220			2.3 STREET ADDRESS	3301 N.E. 5th Ave. #1218		
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP	Miami, FL 33137		
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	VPD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROCCO, MARIE D			3.2 NAME	DI ROCCO, MARIE		
STREET ADDRESS	3301 N.E. 5TH AVE, PH-11			3.3 STREET ADDRESS	3301 N.E. 5th Ave., PH-11		
CITY-ST-ZIP	MIAMI FL 33137			3.4 CITY-ST-ZIP	Miami, FL 33137		
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTINEZ, DIEGO			4.2 NAME	MARTINEZ, DIEGO		
STREET ADDRESS	3301 N.E. 5 AVE., #713			4.3 STREET ADDRESS	3301 N. E. 5th Avenue #713		
CITY-ST-ZIP	MIAMI FL			4.4 CITY-ST-ZIP	Miami, FL 33137		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	TD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THEOBALD, JODY			5.2 NAME	THEOBALD, JODY		
STREET ADDRESS	3301 N.E. 5TH AVE, #515			5.3 STREET ADDRESS	3301 N.E. 5th Ave., #515		
CITY-ST-ZIP	MIAMI FL 33137			5.4 CITY-ST-ZIP	Miami, FL 33137		
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HOUSTOUN, MARA			6.2 NAME	Mc LEAN, PAUL		
STREET ADDRESS	3301 N.E. 5TH AVE, #210			6.3 STREET ADDRESS	3301 N.E. 5th Ave. #1205		
CITY-ST-ZIP	MIAMI FL 33137			6.4 CITY-ST-ZIP	Miami, FL 33137		

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/99 (305)573-2314
Date Daytime Phone #

CR2E037 (11/98)