2000 UNIFORM BUSINESS REPORT (UBR)

0006037

DOCUMENT # 743169

FILED

00 SEP 27 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

BAY VISTA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
860 N.E.78TH STREET BOX 100 MIAMI FL 33138	2851 LEONARD DR J-601 AVENTURA FL 33160 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1914554 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NAZER, JOSE 2851 LEONARD DR APT J-601 AVENTURA FL 33160	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FILE NOW: FEE IS $61.25
After September 13, 2000 min. will be $236.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOLNAR, JOSEPH 860 NE 78 ST #202 MIAMI FL 33138	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition ~~D~~ VD ~~#~~ GUZMAN DANIEL 860 NE 78 ST #406 Miami, FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD NAZER, JOSE 2851 LEONARD DR #J601 AVENTURA FL 33160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition SD ~~#~~ SIMPKINS GENE 860 NE 78 ST #502 Miami, FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KHAN, ALZAZ 8103 CAMINO REAL #C305 MIAMI FL 33143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100003419801---9 -10/09/00---01105---018 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ ~~PERILLO, WILLIAM~~ ~~860 NE 78 ST #403~~ ~~MIAMI FL 33138~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition DA
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, MARILYN 860 NE 78 ST #301 MIAMI FL 33138	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAAL, KALMAN 860 NE 78TH ST. #206 MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (5/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 9-1-00 3056856277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #