**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 745898

BAY ISLE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

OLCH E DAY HADROD DO

## FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90294 017 \*\*\*\*61.25



BAY HARBOR	33154		•	] 					
2. Principal Pl	ace of Business	2a. Mailing Address	- Mailing Address			3. Date Incorporated or Qualifed .			
21		26			02/12/1979				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number Applied For				
22		27	<u></u>			<b>59-1974578</b> Not Applicab			
City & State	9 ,	City & State				5. Certifcate of Status Desired	כ	\$8.75 A	
23	<u> </u>	28				TO CONTINUE OF STREET POPULATION	~ 	Fee Red	<del></del>
Ζίρ				try—	-6- Election Campaign Financing \$5:00 May Be				
24	25 29 30			Trust Fund Contribution Added to Fees					Fees
	9. Name and Address of Curren	t Registered Agent		04 11		10. Name and Address of New Reg	stered A	gent	
	•			81 Name	,				
BAY ISLE CONDO ASSOC				82 Stree	Street Address (P.O. Box Number is Not Acceptable)				
9161 E BAY HARBOR DR									
668	•			83				•	
BAY HARBOR ISLAND FL 33154				84 City				85 Zip C	ode
<u> </u>			- 1	1 -			<u>_FL</u>	[	
office or n agent. I as	egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered ager					ration submits this statement for the pur n's board of directors. I hereby accept the when reinstating)	DATE	ment as reg	istered
12.	Signature, typed or printed name of registered ager OFFICERS AN		13.	Sour eigenorth		ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12
TITLE	TD CONTINUES AN	DELETE	1.1 1111	LE	Т			☐ Change	Addition
) ' !	MEJIA, MONICA		1.2 NA		1			-	
NAME	9161 E BAY HARBOR DRIVE			REET ADDRES		٠,٠	•		
STREET ADDRESS	BAY HARBOR ISLAND FL	-			<b>'</b>				
CITY-ST-ZIP	V .	☐ DELETE	2.1 TIT	Y-ST-ZIP	<del>                                     </del>			Change	Addition
TITLE	•	F Acrese	•			•		90	
NAME	ROTH, ILLYCE		2.2 NA	_			-		
STREET ADDRESS	9161 E BAY HARBOR DR 1A		1	REET ADORES	5				
CITY-ST-ZIP	BAY HARBOR ISLAND FL			ry-ST-ZIP	ـ			Change	☐ Addition
TITLE .	D D	☐ DELETE	3.1 TIT						☐ \u00001
NAME	PETRAUSKAS, LUDMILLA		3.2 NAJ			,		•	_
~ STREET ADDRESS	9161 E BAY HARBOR N.			REET ADDRES	3	The second of th	* -	. +	ي المحالة
CITY-ST-ZIP	BAY HARBOR ISLE FL		_	ry-st-zip	<b>↓</b> —			Change	Addition
TITLE	S	□ DELETE	4.1 तारा			:		Change	☐ vagaaqu
NAME	GADD, JOHN		4, 2 NA				*	•	
STREET ADDRESS	9161 E BAY HARBOR DR 8B		4.3 STF	REET ADDRES	S				
CITY-ST-ZIP	BAY HARBOR ISLAND FL		_	Y-ST-ZIP				====	T 6 4 800
TITLE	D	☐ DELETE	5.1 TIT					Change	☐ Addition
NAME	ALESSI, EDSON		5.2 NA						
STREET ADDRESS.	9161 EAST BAY HARBOR		5.3 STF	REET ADDRES	S	. "			•
CITY-ST-ZIP	BAY HARBOR ISLAND FL			Y-ST-ZIP		<u> </u>			
TITLE	DΡ	☐ DELETE	6.1 TIX	LE				Change	☐ Addition
NAME .	PINAVARIA, ESTELA	r	6.2 NA	ME					
STREET ADDRESS	9161 E BAY HARBOR DR. 7A		6.3 STI	REET ADORES	s		,		•
CITY-ST-ZIP	BAY HARBOR ISLAND F		6.4 CIT	Y-ST-ZIP					

14. Thereby 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: