

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90055 020 ****61.25

DOCUMENT # 745898

1. Entity Name

BAY ISLE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

9161 E BAY HARBOR DRIVE
 BAY HARBOR ISLANDS FL 33154

9161 E BAY HARBOR DR
 8306 MILLS DRIVE #668
 BAY HARBOR ISLAND FL 33154-2799
 US

80021831



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1974578

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BAY ISLE CONDO ASSOC
9161 E BAY HARBOR DR
668
BAY HARBOR ISLAND FL 33154

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

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	TD	<input type="checkbox"/> Delete
NAME	MEJIA, MONICA	
STREET ADDRESS	9161 E BAY HARBOR DRIVE	
CITY-ST-ZIP	BAY HARBOR ISLAND FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROTH, ILLYCE	
STREET ADDRESS	9161 E BAY HARBOR DR 1A	
CITY-ST-ZIP	BAY HARBOR ISLAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETRAUSKAS, LUDMILLA	
STREET ADDRESS	9161 E BAY HARBOR N.	
CITY-ST-ZIP	BAY HARBOR ISLE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	GADD, JOHN	
STREET ADDRESS	9161 E BAY HARBOR DR 8B	
CITY-ST-ZIP	BAY HARBOR ISLAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALESSI, EDSON	
STREET ADDRESS	9161 EAST BAY HARBOR	
CITY-ST-ZIP	BAY HARBOR ISLAND FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	PINAVARIA, ESTELA	
STREET ADDRESS	9161 E BAY HARBOR DR, 7A	
CITY-ST-ZIP	BAY HARBOR ISLAND F	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-2000 (305) 266-9065
 Date Daytime Phone #

CR2E037 (9/99)