

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745898

1. Entity Name

BAY ISLE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
9161 E BAY HARBOR DRIVE
BAY HARBOR ISLANDS FL 33154

Mailing Address
9161 E BAY HARBOR DR
8306 MILLS DRIVE #668
BAY HARBOR ISLAND FL 33154
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

4. FEI Number 59-1974578
Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BAY ISLE CONDO ASSOC
9161 E BAY HARBOR DR
668
BAY HARBOR ISLAND FL 33154

7. Name and Address of New Registered Agent
Name: KURT R. KLAUS, JR.
Street Address (P.O. Box Number is Not Acceptable): 3191 CORAL WAY, SUITE 502
City: MIAMI, FL 33145 FL Zip Code: 33145

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]* DATE: 5/25/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVID ARJONA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9161 E. Bay Harbor Dr. # 4B BAY HARBOR ISLAND, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PATRICIA PEREZ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9161 E. Bay Harbor Dr. # 8A BAY HARBOR ISLAND, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AL DLOTT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9161 E. Bay Harbor Dr. # 1B BAY HARBOR ISLAND, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* DATE: 5/22/01 DAYTIME PHONE #: 305 861 4068

CRE037 (10/00)