

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **748154** (2)
1. Corporation Name
BAYSIDE TERRACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
505 N.E. 30TH STREET
LOBBY MAIL BOX 36
MIAMI FL 33137-4304
US

3. Date Incorporated or Qualified **07/23/1979** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-1937755** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 **LOBBY MAIL BOX 36**
23 Zip 28 City & State
24 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

MARK A. POFFENBARGER
GRIFFIN-POFFENBARGER REALTY, INC.
2050 CORAL WAY, SUITE 305
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name **Mark A. Poffenbarger**
82 Street Address (P.O. Box Number is Not Acceptable) **959 Crandon Blvd.**
83
84 City **Key Biscayne** FL 85 Zip Code **33149**

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 **Mark A. Poffenbarger**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/96

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	EVERETT, WARD	
STREET ADDRESS	505 NE 30TH ST, APT 604	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SUAREZ, JERRY	
STREET ADDRESS	505 NE 30TH ST, #601	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ISSAW, BILL	
STREET ADDRESS	505 NE 30TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ERNST, P. MISS	
STREET ADDRESS	505 N.E. 30TH ST., #405	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ANGIL, JOSEPH	
STREET ADDRESS	505 NE 30TH ST, PH 6	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Suarez, Jerry	
1.3 STREET ADDRESS	505 NE 30 ST, #601	
1.4 CITY-ST-ZIP	MIAMI, FL 33137	
2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Kevin Koekemij	
2.3 STREET ADDRESS	505 NE 30th St, #404	
2.4 CITY-ST-ZIP	MIAMI, FL 33137	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	River	
3.3 STREET ADDRESS	505 NE 30th St, #204	
3.4 CITY-ST-ZIP	MIAMI, FL 33137	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Hisaw, Bill	
4.3 STREET ADDRESS	505 NE 30 ST, #506	
4.4 CITY-ST-ZIP	MIAMI, FL 33137	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: **Patricia D. Ernst**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96 **305-576-6011**
Date Daytime Phone #

CR2E037 (12/95)