


FILE NOW: FILING FEE IS \$61.25

FILED

May 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 748154 (2) 1. Corporation Name BAYSIDE TERRACE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 505 N.E. 30TH STREET LOBBY MAIL BOX 36 MIAMI FL 33137-4304 US		Mailing Address 505 N.E. 30TH STREET LOBBY MAIL BOX 36 MIAMI FL 33137-4369 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 07/23/1979		3a. Date of Last Report 04/18/1996	
4. FEI Number 59-1937755		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent MARK A POFFENBARGER 959 CRANDON BLVD 2050 CORAL WAY, SUITE 805 * KEY BISCAYNE FL 33149		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS <input checked="" type="checkbox"/> DELETE			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	
NAME	JERRY SUAREZ		
STREET ADDRESS	505 NE 30TH STRET, #601		
CITY-ST-ZIP	MIAMI FL		
TITLE	TD	<input type="checkbox"/> DELETE	
NAME	KEVIN KOEKMIJ		
STREET ADDRESS	505 NE 30TH STREET, #404		
CITY-ST-ZIP	MIAMI FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	BILL HISAW		
STREET ADDRESS	505 NE 30TH STREET, #508		
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	D	<input type="checkbox"/> DELETE	
NAME	RIVER		
STREET ADDRESS	505 NE 30TH STREET, #204		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME	Kevin Koelimi		
2.3 STREET ADDRESS	(spelling)		
2.4 CITY-ST-ZIP			
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME	PD BILL HISAW		
3.3 STREET ADDRESS	505 NE 30th St., #506		
3.4 CITY-ST-ZIP	Miami, FL 33137		
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
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 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.			
SIGNATURE: <i>X Patricia W. [Signature]</i> 5/16/97 (305) 576-6011 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E037 (9/96)