

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northington Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N92000000307 (0)**
1. Corporation Name

BAYVIEW HARBOR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business	Mailing Address
80 SW 8TH ST SUITE 2800 MIAMI FL 33130	80 SW 8TH ST SUITE 2800 MIAMI FL 33130

2. Principal Place of Business	2a. Mailing Address
21 10140 W. BAY HARBOR DR. Suite, Apt. #, etc.	26 THE CONTINENTAL GROUP Suite, Apt. #, etc.
22 City & State BAY HARBOR ISLANDS, FL	27 20815 N.E. 16 AVE. B-14 City & State NORTH MIAMI BEACH, FL
23 Zip 33154	28 Country DADE
24 Zip 33154	29 Country DADE

3. Date Incorporated or Qualified	11/16/1992
4. FEI Number	65-0387300
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
WENZEL INVESTMENT COMPANY ATTN: PETER WENZEL 80 SW 8TH ST SUITE 2800 MIAMI FL 33130

10. Name and Address of New Registered Agent
81 Name: RICHARD GREIFER 82 Street Address (P.O. Box Number is Not Acceptable): 10140 W. BAY HARBOR DR. - #602 83 BAY HARBOR ISLANDS 84 City: BAY HARBOR ISLANDS 85 Zip Code: FL 33154

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: *Richard M. Greifer* RICHARD M. GREIFER, DIA 543-31-98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	WENZEL, PETER
STREET ADDRESS	80 SW 8TH ST SUITE 2800
CITY-ST-ZIP	MIAMI FL 33130
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	FERRAZ, EDUARDO A
STREET ADDRESS	80 SW 8TH ST SUITE 2800
CITY-ST-ZIP	MIAMI FL 33130
TITLE	STD <input checked="" type="checkbox"/> DELETE
NAME	MACHADO, MARCOS A
STREET ADDRESS	280 SW 8TH ST
CITY-ST-ZIP	MIAMI FL 33130
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JANICE SILVER
1.3 STREET ADDRESS	10140 W. BAY HARBOR DR. #201
1.4 CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154
2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MIMI SIEGEL
2.3 STREET ADDRESS	10140 W. BAY HARBOR DR. #401
2.4 CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154
3.1 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RICHARD GREIFER
3.3 STREET ADDRESS	10140 W. BAY HARBOR DR. #602
3.4 CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154
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 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: *Janice Silver* 3/11/98 805-654-8622

CR2E037 (10/97)