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Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N92000000307 (0)
1. Corporation Name
BAYVIEW HARBOR CONDOMINIUM ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: 11/16/1992
4. FEI Number: 65-0387300
Applied For: Not Applicable

2. Principal Place of Business: 21 10140 W. BAY HARBOR DR. Suite, Apt. #, etc.
2a. Mailing Address: 26 The Continental Group
22 20815 N.E. 16 Ave. B-14
23 City & State: BAY HARBOR ISLANDS, FL
24 Zip: 33154 Country: DADE
25
27 City & State: North Miami Beach, FL
28 Zip: 33179 Country: DADE
29
30

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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 FL 85 Zip Code: 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, Director RICHARD M. GREIFER, DIR 5/3-31-98 DATE

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: x Janice Silver 3/11/98 305-654-8622

CR2E037 (10/97)