

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 # *N9200003581*
1. Corporation Name
BAY DRIVE CONDOMINIUM ASSOCIATION, INC

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified **8/6/1993** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 **6881 BAY DRIVE** 26 **3399 PONCE DE LEON BLVD**
Suite, Apt #, etc Suite, Apt #, etc
22 **MIAMI BEACH, FL 33141** 27 **202**
City & State City & State
23 **MIAMI BEACH, FL 33141** 28 **CORAL GABLES, FL**
Zip Country Zip Country
24 **33141** 25 Country 29 **33134** 30 Country

4. FEI Number **65-0686198** 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

9. Name and Address of Current Registered Agent
HANS BAUMBERGER
3399 PONCE DE LEON BLVD.
SUITE 202
CORAL GABLES, FL 33134
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's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALTIRIBA, JUAN	1.2 NAME	
STREET ADDRESS	6865 BAY DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH, FL 33141	1.4 CITY - ST - ZIP	
TITLE	GILI, FRANCISCO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILI, FRANCISCO	2.2 NAME	
STREET ADDRESS	6865 BAY DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH, FL 33141	2.4 CITY - ST - ZIP	
TITLE	DSVT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUMBERGER, HANS #202	3.2 NAME	
STREET ADDRESS	3399 PONCE DE LEON BLVD	3.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES, FL 33134	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

300001928309 Change Addition
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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: _____ **8/16** **305.4619234**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #
OS 8/21/96

CR2E037 (12/95)