


FILE NOW: FILING FEE IS \$61.25

APPROVED
AND
FILED

98 OCT 22 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **N93000003581 (6)**
1. Corporation Name
BAY DRIVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
6881 BAY DRIVE
MIAMI BEACH FL 33141

Mailing Address
C/O: GADIAN Management
3399 PONCE DE LEON #202
CORAL GABLES FL 33134
P.O. Box 453436
Miami Florida 33240-3436

2. Principal Place of Business
21 *6881 Bay Drive*
Suite, Apt. #, etc.
22 *apt 15*
City & State
23 *Miami beach Florida*
Zip
24 *33141*
Country
25 *USA*

24. Mailing Address
26 *6881 Bay Drive*
Suite, Apt. #, etc.
27 *apt 15*
City & State
28 *Miami beach FL*
Zip
29 *33141*
Country
30 *USA*

3. Date Incorporated or Qualified
08/06/1993

4. FEI Number
65-0686198

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
BAUMBERGER, HANS
3399 PONCE DE LEON BLVD SUITE 202
CORAL GABLES FL 33134

Aida Borges, President
6881 BAY DRIVE UNIT 15
MIAMI beach, FL 33141

10. Name and Address of New Registered Agent

81 Name *Aida Borges, Pres*
82 Street Address (P.O. Box Number is Not Acceptable) *6881 BAY DRIVE UNIT 15*
83 *MIAMI Beach,*
84 City *Florida* FL 85 Zip Code *33141*

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 *Aida Borges* **PRESIDENT (10)** DATE **X 9-8-98**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	ALTIRRIBA, JUAN	
STREET ADDRESS	3399 PONCE DE LEON BLVD #202	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GILI, FRANCISCO	
STREET ADDRESS	3399 PONCE DE LEON BLVD #202	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	DSVT	<input checked="" type="checkbox"/> DELETE
NAME	BAUMBERGER, HANS	
STREET ADDRESS	3399 PONCE DE LEON BLVD #202	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<i>Pres. Aida Borges</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<i>President</i>	
1.3 STREET ADDRESS	<i>6881 Bay Drive</i>	
1.4 CITY-ST-ZIP	<i>MIAMI Beach, Florida 33141</i>	
2.1 TITLE	<i>Mica. Juan José González</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<i>Pres</i>	
2.3 STREET ADDRESS	<i>6881 Bay Drive #206</i>	
2.4 CITY-ST-ZIP	<i>MIAMI Beach, Florida 33141</i>	
3.1 TITLE	<i>Troy Williams</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<i>T</i>	
3.3 STREET ADDRESS	<i>6881 Bay Drive apt-20</i>	
3.4 CITY-ST-ZIP	<i>MIAMI Beach, Florida 33141</i>	
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: *Aida Borges* **PRESIDENT** DATE **9/8/98** *305-854-2138*

CR2E087 (10/97)