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NONPROFIT CORPORATION:
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N93000003581

1. Corporation Name

BAY DRIVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

6881 BAY DRIVE
 APT. 15
 MIAMI BEACH FL 33141

Mailing Address

P.O. BOX 453436
 MIAMI FL 33245-3436



2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified	
21 6881 Bay Drive		26 P.O. BOX 453436	08/06/1993	
22 Suite, Apt. #, etc. apt. 15		27 C/O SAKIANA Management	4. FEI Number	
23 City & State Miami Beach, FL		28 Miami, Florida	65-0686198	
24 Zip 33141		25 Country USA	5. Certificate of Status Desired <input type="checkbox"/>	
29 Zip 33245 3436		28 Country USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BORGES, AIDA 6881 BAY DRIVE UNIT 15 MIAMI BEACH FL 33141				81 Name Aida Borges			
				82 Street Address (P.O. Box Number is Not Acceptable) 6881 Bay Drive apt 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: *[Signature]* DATE: 4/8/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	BORGES, AIDA	1.2 NAME	BORGES, AIDA
STREET ADDRESS	6881 BAY DRIVE	1.3 STREET ADDRESS	6881 Bay Drive
CITY-ST-ZIP	MIAMI BEACH FL 33141	1.4 CITY-ST-ZIP	MIAMI Beach, Florida 33141
TITLE	DVP	2.1 TITLE	Pablo LaFFORGE
NAME	GONZALEZ, JUA JOSE	2.2 NAME	GONZALEZ, JUA JOSE
STREET ADDRESS	6881 BAY DRIVE #6	2.3 STREET ADDRESS	6881 Bay Drive apt. 16
CITY-ST-ZIP	MIAMI BEACH FL 33141	2.4 CITY-ST-ZIP	MIAMI Beach, Florida 33141
TITLE	DT	3.1 TITLE	Williams, Troy
NAME	WILLIAMS, TROY	3.2 NAME	WILLIAMS, TROY
STREET ADDRESS	6881 BAY DRIVE, APT. 20	3.3 STREET ADDRESS	6881 Bay Drive apt 20
CITY-ST-ZIP	MIAMI BEACH FL 33141	3.4 CITY-ST-ZIP	Miami Beach, Florida 33141
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED DATE: 305-PT-4-2138 DAYTIME PHONE #

CR2E037-(1/1/98)