

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90211 036 ****61.25

DOCUMENT # N93000003581

1. Entity Name
BAY DRIVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**C/O PROPERTY MANAGEMENT SERVICES
8299 CORAL WAY
MIAMI FL 33155**

Mailing Address
**C/O PROPERTY MANAGEMENT SERVICES
8299 CORAL WAY
MIAMI FL 33155**

2. Principal Place of Business
**6881 Bay Dr.
24**

3. Mailing Address
**C/O Keystone
P.O. BOX 402 334**

City & State
Miami Beach FL

City & State
Miami Beach

Zip
33141 Country
USA

Zip
33140 Country
USA



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0686198**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PROPERTY MANAGEMENT SERVICES CORPORATION
8299 CORAL WAY
MIAMI FL 33155**

7. Name and Address of New Registered Agent

Name
Keystone Property Management, INC.
Street Address (P.O. Box Number is Not Acceptable)
**739 11th Street
Suite 10**
City
Miami Beach FL Zip Code
33140

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
1/9/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAFFORGE, PABLO 6881 BAY DRIVE, APT. 16 MIAMI BEACH FL 33141	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RODRIGUEZ, MANUEL 6881 BAY DRIVE, APT. 18 MIAMI BEACH FL 33141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DOMILET, GOMEZ 65 FLADLER DR. MIAMI FL 33168	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Director Knapp, Philip 6881 Bay Dr. # 15 Miami Beach FL 33141	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP + secretary + D Arnold, David 6881 Bay Dr. # 5 Miami Beach FL 33141	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer + D 6881 Bay Dr. # 1 Miami Bch FL 33141 TRAVIS, JUDY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Philip D. Knapp 1/8-03 806-9249**

CR2E037 (10/02)

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