


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000003860 (2)**

1. Corporation Name

BEVLOR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1027 92 STREET CONDO (PRIVATE HOME) BAY HARBOR ISLAND FL 33154	Mailing Address 1027 92 STREET CONDO (PRIVATE HOME) BAY HARBOR ISLAND FL 33154-2719
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3. Date Incorporated or Qualified 08/14/1995	3a. Date of Last Report 03/08/1996
4. FEI Number 65-0618683	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 1027 92nd St	2a. Mailing Address 26 1027 92nd St
Suite, Apt. #, etc. 22 House	Suite, Apt. #, etc. 27 House
City & State 23 BAY HARBOR	City & State 28 BAY HARBOR ISLAND
Zip 24 FLA	Country 25 Dade
Zip 29 33154-2719	Country 30 Dade

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HILL, BEVERLIE
1027 92 STREET
BAY HARBOR ISLAND FL 33154**

81 Name Beverlie Hill
82 Street Address (P.O. Box Number is Not Acceptable) 1027 92nd St
83 BAY HARBOR ISLANDS
84 City FLA 33154
85 Zip Code FL

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, M H	1.2 NAME	
STREET ADDRESS	1027 92 STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	BAY HARBOR ISLAND FL 33154	1.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, BEVERLIE H	2.2 NAME	
STREET ADDRESS	1027 92 STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	BAY HARBOR ISLAND FL 33154	2.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OPPERMAN, CHARLES G	3.2 NAME	
STREET ADDRESS	1027 92 STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	BAY HARBOR ISLAND FL 33154	3.4 CITY - ST - ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OPPERMAN, LORRAINE G	4.2 NAME	
STREET ADDRESS	1027 92 STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	BAY HARBOR ISLAND FL 33154	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	

14. I do 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:

Beverlie Hill **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/11/97

Daytime Phone # **0030040**

CR2E037 (9/96)