FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N9700000012 (1) DOCUMENT #
1. Corporation Name

THE BAYLIS CONDOMINIUM ASSOCIATION, INC.

505 12TH STREET STE-10 MIAMI BEACH FL 33139 503 - 121 h street

Principal Place of Business

Mailing Address

505 12TH STREET STE 10 MIAMI BEACH FL 33139-4550

9 Date leasurement of a Cupitied | 9a Date of Lost Deport

FILED

Feb 28 1997 8:00am

Secretary of State

Suite 5-MB-FL- 33139							J. Date	2/27/19	196	ianiiou	Ja. Da	ate Of Last I	inuque		
2. Principal P	lace of Busin			4. FEI N	4. FEI Number				Applied For						
21 SO3	3 <i>121</i>	7/ ST. 87	26 (03	1274	ST	-						N	ot Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.							5. Certificate of Status Desired				\$8.75 Additional				
22 STE. S 27 STE. S												Fee F	Fee Required		
City & State City & State							6. Election		_	ncing			Мау Ве		
23			28	· · · · · · · · · · · · · · · · · · ·				Trust Fund Contribution							
Zip	Country Zip				Country		8. This corporation has liability for intangible tax under s. 199.032,								
24		and Address of Curre	30	Florida Statutes Yes N 10. Name and Address of New Registered Age											
	9. Name	and Address of Corre	ut Registered Agent		81	Name 1	10. (1411)	10 m	`						
LAIDEDE	-0 144110	nv .				K	AUDE	KEK		MAL		Υ			
LAIDERER, MALLORY						82 Street Address (P.O. Box Number is Not Acceptable)									
MIAMI BEACH FL 33139						SOB IS THE STREET STE. S									
MIAMI B	EAUTI TE S	13139			**										
					84	City				-	FL	85 Zip	Code		
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office or r	registered ac	ions of Sections 617.05 ord or both in the Stat the sections libe oblig	te of Florida. Such char	nge was auth	orized by	the corpora	ation's board	of directo	rs. I herel	by accep	t the app	changing cointment a	registered		
agent. La	am tamiliar x	the oblin	gations of, Section 617	'.0503, Florida	Statutes	S.									
SIGNATURE .							7. 1				DATE				
12.	VP90	or printed name of registered a	OPENI AND THE IT REPORTED TO THE PROPERTY OF T	(NOTE: He	13.	ni signature requ	issanier nedw beriu		ANGES T	O OFFIC		DIRECTO	RS IN 12		
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NAME	, , –	RER, MALLORY	· · · ·		1.2 NAME							42.			
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CITY-ST-ZIP		BEACH FL 33139	 ,		1.4 CITY - S		G C G	- 171	3,,,						
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CITY-ST-ZIP		BEACH FL 33139	,		2. 4 CITY-			,	_						
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NAME		THOMAS			3.2 NAME										
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CITY-ST-ZIP	l	EACH FL 33139			3.4. CITY-:	1				• -	-				
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CITY ST. 7IP					SACITY.										

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 corporation of t

SIGNATURE:

305-132-1925x5