

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Oct 05 1998 8:00am  
 Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N9700000012 (1)  
 1. Corporation Name  
 THE BAYLIS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 503 12TH ST. STE 5 MIAMI BEACH FL 33139 US  
 Mailing Address: 503 12TH ST. STE 5 MIAMI BEACH FL 33139 US

3. Date Incorporated or Qualified: 12/27/1996  
 4. FEI Number: 65-0851401  
 Applied For: APPLIED FOR

2. Principal Place of Business: 21 1611 EUCLID AVE, 22 ONE, 23 MIAMI BEACH, FLA., 24 33139, 25 MIAMI  
 2a. Mailing Address: 26 1611 EUCLID AVE, 27 ONE, 28 MIAMI BEACH, FLA., 29 33139, 30 MIAMI

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? No  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. No

9. Name and Address of Current Registered Agent: KAUDERER, MALLORY, 503 12TH ST. STE 5, MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent: 81 Name: REGENTS PARK PROPERTY, INC., 82 Street Address: 1611 EUCLID AVE. #1, 83, 84 City: MIAMI BEACH, FL, 85 Zip Code: 33139

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: MALLORY KAUDERER, 9/25/98  
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KAUDERER, MALLORY	
STREET ADDRESS	503 12TH STE. STE 5	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HQLM, PAUL	
STREET ADDRESS	503 12TH ST. STE 5	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	HQLM, THOMAS	
STREET ADDRESS	503 12TH ST. STE 5	
CITY-ST-ZIP	MIAMI BEACH FL	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1611 EUCLID AVE. #1
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1611 EUCLID AVE #1
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1611 EUCLID AVE. #1
3.4 CITY-ST-ZIP	
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	500002656525
5.3 STREET ADDRESS	-10/06/98--01026--008
5.4 CITY-ST-ZIP	***61.25
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 118.07(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: MALLORY KAUDERER, 9/25/98, 305-132-1425  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)