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CORPORATION
ANNUAL REPORT
1995



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

95 JAN 27 PH 2:06

DOCUMENT # **728144** (7)
1. Corporation Name
BAY PARK TOWERS CONDOMINIUM ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600001394926
-02/01/95--01037--005
****130.00 ****130.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
3301 N.E. 5TH AVENUE MIAMI FL 33137

3. Date Incorporated or Qualified **11/21/1973** 3a. Date of Last Report **06/14/1994**
4. FEI Number **59-1603811** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country 30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**LERNER, USA
201 ALHAMBRA CIRCLE, SUITE 1102
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	HARRIS, PATRICK
STREET ADDRESS	3301 NE 5TH AVE, #403
CITY-ST-ZIP	MIAMI FL
TITLE	VP
NAME	KING, EDWIN V.
STREET ADDRESS	3301 NE 5TH AVE, #1210
CITY-ST-ZIP	MIAMI, FL 00000
TITLE	ST
NAME	BELL, BARBARA
STREET ADDRESS	3301 NE 5H AVE, #901
CITY-ST-ZIP	MIAMI, FL 00000
TITLE	D
NAME	MAGIDA, ALAN
STREET ADDRESS	3301 NE 5TH AVE, #PH11
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	AMAZON, VIRGINIA
STREET ADDRESS	3301 NE 5TH AVE, #910
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	F <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KING, EDWIN V.
1.3 STREET ADDRESS	3301 NE 5TH AVE., #1210
1.4 CITY-ST-ZIP	MIAMI, FL 33137
2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	AMAZON, VIRGINIA
2.3 STREET ADDRESS	3301 NE 5TH AVE., #910
2.4 CITY-ST-ZIP	MIAMI, FL 33137
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BRODBAR, BARBARA
3.3 STREET ADDRESS	3301 NE 5TH AVE., #703
3.4 CITY-ST-ZIP	MIAMI, FL 33137
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TIERS, CLAUDE R.
4.3 STREET ADDRESS	3301 NE 5TH AVE., #1011
4.4 CITY-ST-ZIP	MIAMI, FL 33137
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 registrar or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed) or on an attachment with an address.

SIGNATURE: Barbara Bell 1/19/95 (305) 573-5404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary/Treasurer
Date Daytime Phone #