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Secretary of State

03-01-1999 90229 045 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 728144
1. Corporation Name
BAY PARK TOWERS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 3301 N.E. 5TH AVENUE MIAMI FL 33137	Mailing Address 3301 N.E. 5TH AVENUE MIAMI FL 33137
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/21/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1603811
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent LERNER, LISA 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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NORDONE, JOSEPH		1.2 NAME	
STREET ADDRESS 3301 N.E. 5TH AVE, #220		1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33137		1.4 CITY-ST-ZIP	
TITLE VPD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME NORDONE, JOSEPH		2.2 NAME PALOU, NORA	
STREET ADDRESS 3301 N.E. 5 AVE., #220		2.3 STREET ADDRESS 3301 N.E. 5th Ave. #1218	
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP Miami, FL 33137	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROCCO, MARIE D		3.2 NAME DI ROCCO, MARIE	
STREET ADDRESS 3301 N.E. 5TH AVE, PH-11		3.3 STREET ADDRESS 3301 N.E. 5th Ave., PH-11	
CITY-ST-ZIP MIAMI FL 33137		3.4 CITY-ST-ZIP Miami, FL 33137	
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARTINEZ, DIEGO		4.2 NAME MARTINEZ, DIEGO	
STREET ADDRESS 3301 N.E. 5 AVE., #713		4.3 STREET ADDRESS 3301 N. E. 5th Avenue #713	
CITY-ST-ZIP MISM FL		4.4 CITY-ST-ZIP Miami, FL 33137	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THEOBALD, JODY		5.2 NAME THEOBALD, JODY	
STREET ADDRESS 3301 N.E. 5TH AVE, #515		5.3 STREET ADDRESS 3301 N.E. 5th Ave., #515	
CITY-ST-ZIP MIAMI FL 33137		5.4 CITY-ST-ZIP Miami, FL 33137	
TITLE VPD	<input checked="" type="checkbox"/> DELETE	6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HOUSTOUN, MARA		6.2 NAME Mc LEAN, PAUL	
STREET ADDRESS 3301 N.E. 5TH AVE, #210		6.3 STREET ADDRESS 3301 N.E. 5th Ave. #1205	
CITY-ST-ZIP MIAMI FL 33137		6.4 CITY-ST-ZIP Miami, FL 33137	

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** 1/14/99 (305)573-2314 Date Daytime Phone #

CR2E037 (11/98)