

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90051 002 ****61.25

DOCUMENT # 728144

1. Entity Name

BAY PARK TOWERS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3301 N.E. 5TH AVENUE
 MIAMI FL 33137

3301 N.E. 5TH AVENUE
 MIAMI FL 33137

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1603811

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BECKER & POLIAKOFF, P.A.
% ROSA DE LA CAMARA
5201 BLUE LAGOON DR- STE 100
MIAMI FL 33126

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** Delete
 NAME **NORDONE, JOSEPH**
 STREET ADDRESS **3301 NE 5TH AVE #1218**
 CITY-ST-ZIP **MIAMI FL 33137**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **PD** Delete
 NAME **DI ROCCO MARIE,**
 STREET ADDRESS **3301 NE 5TH AVE PH-11**
 CITY-ST-ZIP **MIAMI FL 33137**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE ~~VPD~~ Delete
 NAME **MARTINEZ, DIEGO**
 STREET ADDRESS **3301 N.E. 5 AVE., #713**
 CITY-ST-ZIP **MISMI FL**

TITLE **TREASURER** Change Addition
 NAME **MARTINEZ, DIEGO**
 STREET ADDRESS **3301 N.E. 5th AVE. #713**
 CITY-ST-ZIP **MIAMI, FL 33137**

TITLE **TD** Delete
 NAME **O'NEIL, KATHLEEN**
 STREET ADDRESS **3301 N.E. 5TH AVE #515**
 CITY-ST-ZIP **MIAMI FL 33137**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **D** Delete
 NAME **ZOOK, CALVIN**
 STREET ADDRESS **3301 N.E. 5TH AVE 1205**
 CITY-ST-ZIP **MIAMI FL 33137**

TITLE **VICE-PRESIDENT** Change Addition
 NAME **ZOOK, CALVIN**
 STREET ADDRESS **3301 N.E. 5th AVE. #818**
 CITY-ST-ZIP **MIAMI, FL 33137**

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **SECRETARY** Change Addition
 NAME **MAGIDA, ALAN**
 STREET ADDRESS **3301 N. E. 5th AVE. #PH-11**
 CITY-ST-ZIP **MIAMI, FL 33137**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/01 (30) 573-5404
 Date Daytime Phone #

CR2E037 (10/00)