


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90024 003 ****61.25

DOCUMENT # 728144
 1. Entity 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**

54061598



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

07022004 Chg-NP CR2E037 (10/03)

City & State
 City & State

Zip
 Country

4. FEI Number
59-1603811

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Alan Magida

Street Address (P.O. Box Number is Not Acceptable)
3301 N.E. 5th Avenue

City
Miami

Zip Code
FL 33137

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. I am familiar with, and accept the obligations of registered agent.

Alan Magida *Alan Magida* **7/2/2004**

SIGNATURE _____ DATE _____

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

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDEN, RANDY C 4220 PALM LANE MIAMI, FL 33137	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTINEZ, DIEGO 3301 N.E. 5 AVE., #713 MIAMI, FL 33137	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHAFER, CRAIG 1780 CHUCUNANTAH RD MIAMI, FL 33133	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DI ROCCO, MARIE 3301 NE 5TH AVE PH 11 MIAMI, FL 33137	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BELL, BARBARA 3301 NE 5TH AVE 901 MIAMI, FL 33137	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '04

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Alan Magida 3301 N.E. 5th Avenue Miami, FL 33137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Debra Moroff 3301 N.E. 5th Avenue Miami, FL 33137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Meryl Tubman 3301 N.E. 5th Avenue Miami, FL 33137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Walter Salimbenis 3301 N.E. 5th Avenue Miami, FL 33137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer-D Alejandro Restrepo 3301 N.E. 5th Avenue Miami, FL 33137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Alan Magida* **Alan Magida** **7/2/2004** **305-573-5404**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #