

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717783

FILED
May 23, 2007
Secretary of State

Entity Name: BAYSHORE TERRACE CONDOMINIUM, INC.

Current Principal Place of Business:

1455 WEST AVENUE
MIAMI, FL 33139

New Principal Place of Business:

Current Mailing Address:

1455 WEST AVENUE
MIAMI, FL 33139

New Mailing Address:

FEI Number: 59-1608402 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ROYAL MANAGEMENT GROUP
735 5TH ST
MIAMI BEACH, FL 33139 US

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SNODGRASS, DANIEL
Address: 1455 WEST AVE #604
City-St-Zip: MIAMI BEACH, FL 33139

Title: VD () Delete
Name: ZUQUIM, SERGIO
Address: 1455 WEST AVE, #204
City-St-Zip: MIAMI BEACH, FL 33139

Title: SD () Delete
Name: AEDO, SARA
Address: 1455 WEST AVE #503
City-St-Zip: MIAMI BEACH, FL 33139

Title: TD () Delete
Name: CASTRO, LETICIA
Address: 1455 WEST AVE #702
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: PEREZ, NORMA
Address: 1455 WEST AVE #501
City-St-Zip: MIAMI, FL 33139

Title: D () Delete
Name: ALEVEDO, MONICA
Address: 1455 WEST AVE #804
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SNODGRASS, DANIEL

PD

05/23/2007

Electronic Signature of Signing Officer or Director

Date