2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 717860

1. Entity Name
BAYSHORE PLACE CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
1420 BRICKELL BAY DR MIAMI, FL 33131 US	1420 BRICKELL BAY DR MIAMI, FL 33131 US

DO NOT WRITE IN THIS SPACE

01152007 No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
59-1475007	Not Applicable

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

6. **Name and Address of Current Registered Agent**

ZAMORA, NELLY
1420 BRICKELL BAY DR
MIAMI, FL 33131

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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.

SIGNATURE _____

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

Filing Fee is $61.25 **Due by May 1, 2007**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000632210 02/21/07-80012-014 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MORENO, LUIS
STREET ADDRESS	1420 BRICKELL BAY DR
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	DT
NAME	MORALES, JUAN C
STREET ADDRESS	1420 BRICKELL BAY DRIVE
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	DS
NAME	PEREZ-CISNERDS, TERESA
STREET ADDRESS	1420 BRICKELL BAY DR
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	CP
NAME	ZORIO, MARTIN
STREET ADDRESS	1420 BRICKELL BAY DR.
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ , DP   2/9/07   305-3735987

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