


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90522 045 \*\*\*\*61.25

<b>DOCUMENT # 718293</b> 1. Entity Name <b>BAYVIEW CONDOMINIUM, INC.</b>	
--------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business <b>1345 LINCOLN ROAD, #306 MIAMI BEACH FL 33139 US</b>	Mailing Address <b>1345 LINCOLN ROAD, #306 MIAMI BEACH FL 33139 US</b>
-----------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
--------------------------------------------------------------------------------------	--------------------------------------------------------------------------



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent <b>TRIAI, CARLOS A P.A. 10570 N.W. 27 STREET, STE. #103 MIAMI FL 33172</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
---------------------------------------------------------------------------------------------------------------------------------------	--	-------------------------------------------------------------------------------------------------------------------------------	--

4. FEI Number <b>59-1491351</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
--------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VEITA, LAURA <input checked="" type="checkbox"/> Delete 1345 LINCOLN RD #803 MIAMI BEACH FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SPIERS, MARCY <input type="checkbox"/> Delete 1345 LINCOLN RD #1206 MIAMI BEACH FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEBASTIA, JOAQUIN <input type="checkbox"/> Delete 1345 LINCOLN RD #903 MIAMI BEACH FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WLODARCZYK, RITA <input checked="" type="checkbox"/> Delete 1345 LINCOLN RD #805 MIAMI BEACH FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZULUETA, RICARDO <input checked="" type="checkbox"/> Delete 1345 LNCOLN RD #1002 MIAMI BEACH FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCANNELLA, ANTHONY C <input type="checkbox"/> Delete 1345 LINCOLN RD #1046 MIAMI BEACH FL 33139

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HECTOR GARCIA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1345 LINCOLN RD #1005 MIAMI BEACH, FL. 33139-2210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TODD HARTWELL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1345 LINCOLN RD # 1203 MIAMI BEACH, FL. 33139-2210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RAFAEL LETOURNEAUT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1345 LINCOLN RD # 503 MIAMI BEACH, FL. 33139-2210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EUGENE DALEY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1345 LINCOLN RD #1205 MIAMI BEACH, FL. 33139-2210

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** Rafael Letourneaut **RAFAEL LETOURNEAUT** APRIL 20, 2004 305-532-1682  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #