


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90078 012 ****61.25

DOCUMENT # 718293					
1. Entity Name BAYVIEW CONDOMINIUM, INC.					
Principal Place of Business 1345 LINCOLN ROAD, #306 MIAMI BEACH, FL 33139 US			Mailing Address 1345 LINCOLN ROAD, #306 MIAMI BEACH, FL 33139 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TRIAY, CARLOS A P.A. 10570 N.W. 27 STREET, STE. #103 MIAMI, FL 33172				Name TRIAY, CARLOS A. P. A.	
				Street Address (P.O. Box Number is Not Acceptable)	
				3750 N.W. 87th.Ave. SUITE # 100	
				City DORAL	Zip Code FL 33178
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 _____ <small>Signature, typed or printed name of registered agent and (06) if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARCIA, HECTOR			NAME	CURTIS MCGOUGH
STREET ADDRESS	1345 LINCOLN RD #1005			STREET ADDRESS	1345 Lincoln Rd. #1106
CITY-ST-ZIP	MIAMI BEACH, FL 331392210			CITY-ST-ZIP	Miami Beach, FL 33139-2210 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DV	<input type="checkbox"/> Delete		TITLE	
NAME	SPIERS, MARCY			NAME	
STREET ADDRESS	1345 LINCOLN RD #1206			STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33139			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALEY, EUGENE L			NAME	
STREET ADDRESS	1345 LINCOLN RD #1205			STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 331392210			CITY-ST-ZIP	
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTWELL, TODD			NAME	
STREET ADDRESS	1345 LINCOLN RD #1203			STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 331392210			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LETOURNEAUT, RAFAEL			NAME	
STREET ADDRESS	1345 LINCOLN RD #503			STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 331392210			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: <u>Hector Garcia</u> HECTOR GARCIA 1/6/06 (305) 532-1682 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					

40000000



01032006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-1491351 Applied For Not Applicable

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

Name TRIAY, CARLOS A. P. A.
 Street Address (P.O. Box Number is Not Acceptable)
 3750 N.W. 87th.Ave. SUITE # 100
 City DORAL FL Zip Code 33178

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and (06) if applicable. (NOTE: Registered Agent signature required when reappointing)

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Due by May 1, 2006

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Make check payable to
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SIGNATURE: Hector Garcia HECTOR GARCIA 1/6/06 (305) 532-1682
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #