

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90018 028 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1491351	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRIAI, CARLOS A P.A. 3750 NW 87TH AVE SUITE 100 MIAMI FL 33178			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 					MAR 13 2007
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					



1st MOORE CR2E037 (10/06)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, HECTOR	NAME	
STREET ADDRESS	1345 LINCOLN RD #1005	STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL 33139-2210	CITY - ST - ZIP	
TITLE	DV <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIERS, MARCY	NAME	D SPIERS, MARCY
STREET ADDRESS	1345 LINCOLN RD #1206	STREET ADDRESS	1345 LINCOLN RD #1205
CITY - ST - ZIP	MIAMI BEACH FL 33139	CITY - ST - ZIP	MIAMI BEACH FL 33139
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALEY, EUGENE L	NAME	DALEY, EUGENE L
STREET ADDRESS	1345 LINCOLN RD #1205	STREET ADDRESS	1345 LINCOLN RD # 1205
CITY - ST - ZIP	MIAMI BEACH FL 33139-2210	CITY - ST - ZIP	MIAMI BEACH FL 33139
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	
NAME	LETOURNEAUT, RAFAEL	NAME	
STREET ADDRESS	1345 LINCOLN RD #503	STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL 33139-2210	CITY - ST - ZIP	
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGOUGH, CURTIS	NAME	LUTZ, MIKE
STREET ADDRESS	1345 LINCOLN RD 1106	STREET ADDRESS	1345 LINCOLN RD # 906
CITY - ST - ZIP	MIAMI BEACH FL 33139-2210	CITY - ST - ZIP	MIAMI BEACH FL 33139
TITLE	<input type="checkbox"/> Delete	TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	FORTE, MIKE
STREET ADDRESS		STREET ADDRESS	1345 LINCOLN RD # 1105
CITY - ST - ZIP		CITY - ST - ZIP	MIAMI BEACH FL 33139

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **EUGENE L. DALEY** 3/16/07 (305) 532 1682

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