NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91071 003 ****61.25

DOCUMENT # 724869

1. Entity Name
Bayview Point North Condominium Association, Inc.

94083116

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3770 NE 171 Street	3770 NE 171 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: North Miami Beach, FL	City & State: North Miami Beach, FL
Zip: 33160 Country: Broward	Zip: 33160 Country: Broward

4. FEI Number: 59-2357157 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: John D. Gentile, CPA

Street Address (P.O. Box Number is Not Acceptable): 1601 N Palm Ave, Suite 212

City: Pembroke Pines **FL** Zip Code: 33026

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)

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: D P NAME: Ramos, Arel STREET ADDRESS: 3770 NE 171 ST. #408 CITY-ST-ZIP: North Miami Beach, FL 33160		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: D S NAME: Aragrim, Julia STREET ADDRESS: 3770 NE 171 St. # 307 CITY-ST-ZIP: North Miami Beach, FL 33160		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: D T NAME: McClaren, Kurt STREET ADDRESS: 3770 NE 171 ST. # 208 CITY-ST-ZIP: North Miami Beach, FL 33160		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	DO NOT WRITE
TITLE: D NAME: Rodriguez, Maria STREET ADDRESS: 3770 NE 171 ST. # 206 CITY-ST-ZIP: North Miami Beach, FL 33160		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	IN THIS SPACE
TITLE: D NAME: Morales Antonio STREET ADDRESS: 3770 NE 171 St. # 604 CITY-ST-ZIP: North Miami Beach, FL 33160		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: D NAME: Carera, Andrew STREET ADDRESS: 3770 NE 171 St. # 502 CITY-ST-ZIP: North Miami Beach, FL 33160		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X _____ 4/26/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #