# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Aug 08, 2007 8:00 am**
**Secretary of State**
08-08-2007 90067 017 ****61.25

DOCUMENT # 724869

1. Entity Name
BAYVIEW POINT NO CONDOMINIUM ASSOC INC

| Principal Place of Business | Mailing Address |
|---|---|
| 3770 N.E. 171 STREET<br>NORTH MIAMI BEACH, FL 33160 | 3770 N.E. 171 STREET<br>NORTH MIAMI BEACH, FL 33160 |

07232007 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc |
| City & State | City & State |
| Zip / Country | Zip / Country |

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

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| GENTILE, JOHN D. CPA<br>1601 N PALM AVENUE<br>SUITE 212<br>PEMBROKE PINES, FL 33026 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____
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 September 14, 2007**

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>SANCHEZ, RONALDO<br>3770 NE 171 ST, NO 608<br>NORTH MIAMI BEACH, FL 33160 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST-ZIP | DP<br>LUIS REYES<br>3770 N.E 171 ST # 601<br>N. M. Bc, FL 33160 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SANCHEZ, RONALDO<br>3770 NE 171ST STREET NO 608<br>NORTH MIAMI BEACH, FL 33160 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | DST<br>SILVIA MORALES<br>3770 NE 171 ST ST # 605<br>N. M. Bc, FL 33160 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>REYES, LOUIS<br>3770 NW 171 STREET NO. 601<br>NORTH MIAMI BEACH, FL 33160 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | D<br>MATTHEW PONZ<br>3770 N.E 171 ST ST # 209<br>N. M. Bc, FL 33160 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DST<br>BALDIMAR, SUSANA<br>3770 NE 171 STREET NO 501<br>NORTH MIAMI BEACH, FL 33160 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | ☐ Change ☐ Addition |

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:** _____ Luis REYES 8-5-07 786282-0069
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #