

2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
05-20-2004 90281 001 ****35.00
05-20-2004 90281 002 ****26.25

04 MAY 25 PM 12:17 725156

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # 725156 1. Entity Name BAYSWATER COURT CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2935 NE 163 ST. NO. MIAMI BEACH, FL 33160			Mailing Address I & M CONDO MANAGEMENT & MAINT., INC. 275 FOUNTAINBLEAU BLVD., SUITE 200 MIAMI, FL 33172		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1532837	
				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	
FEIN; STEVEN A.P.A. 900 SO. STATE RD. 7 PLANTATION, FL 33317				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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Take check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☒ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	HOSTOS, CARLOS		NAME	Milton Drayson	
STREET ADDRESS	2935 NE 163 ST		STREET ADDRESS	275 Fontainebleau Blvd #200	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160		CITY-ST-ZIP	Miami FL 33172	
TITLE	VPD	☒ Delete	TITLE	VPD	☒ Change ☐ Addition
NAME	MIRANTI, JOHNNIE		NAME	Vito Clause	
STREET ADDRESS	2935 NE 163 ST		STREET ADDRESS	275 Fontainebleau Blvd #200	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160		CITY-ST-ZIP	Miami FL 33172	
TITLE	TD	☒ Delete	TITLE	TD	☒ Change ☐ Addition
NAME	BRADY, JEFF		NAME	Fabio Cabrera	
STREET ADDRESS	2935 NE 163 ST		STREET ADDRESS	275 Fontainebleau Blvd #200	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160		CITY-ST-ZIP	Miami FL 33172	
TITLE	SX	☐ Delete	TITLE	6/5/25 ☐ Change ☐ Addition	
NAME	SOUZA, EDDY		NAME		
STREET ADDRESS	2935 NE 163 ST		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	SD	☒ Change ☐ Addition
NAME	DRAYSON, MILTON		NAME	JUAN ANZOLA	
STREET ADDRESS	2935 NE 163 ST		STREET ADDRESS	275 Fontainebleau Blvd #200	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160		CITY-ST-ZIP	Miami FL 33172	
TITLE	D	☒ Delete	TITLE	D	☒ Change ☐ Addition
NAME	KENNEY, DANIEL		NAME	JOSHUA VILLAR	
STREET ADDRESS	2935 NE 163 ST		STREET ADDRESS	275 Fontainebleau Blvd #200	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160		CITY-ST-ZIP	Miami FL 33172	
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 4-27-04 Date		
Daytime Phone # _____ Daytime Phone #					