

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 737878 1. Entity Name BAYVIEW OF POMPANO, INC.			
Principal Place of Business 2500 N. BAY DR. POMPANO BEACH FL 33062		Mailing Address 2500 N. BAY DR. POMPANO BEACH FL 33062	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 59-1749891	Applied For Not Applied
5. Certificate of Status Desired <input type="checkbox"/>	
\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BAILEY, PATRICK L. 2335 E. ATLANTIC BLVD. POMPANO BEACH FL 33061	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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 acknowledge, the obligations of registered agent.

SIGNATURE: *[Signature]* **President** DATE: **01-21-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004

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 NAME	<input checked="" type="checkbox"/> GARNER, CLARE (DR) 2500 N BAY DR POMPANO BCH FL	<input type="checkbox"/> Delete		TITLE NAME	U00000011995 01/23/04-80060-015 61.25	<input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS	TUCKER, GLENN	<input type="checkbox"/> Delete		STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Add	
CITY - ST - ZIP	2500 N BAY DR POMPANO BCH FL 33062			CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME	BAILEY, PATRICK	<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS	2500 BAY DR			STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Add	
CITY - ST - ZIP	POMPANO BEACH FL			CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME	GARNER, JAMES J	<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS	2500 BAY DR			STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Add	
CITY - ST - ZIP	POMPANO BEACH FL 33062			CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS				STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Add	
CITY - ST - ZIP				CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **CLARE J GARNER Pres.** DATE: **01-21-04**
954-943-1080