


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 737878</b> 1. Entity Name BAYVIEW OF POMPANO, INC.	
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<i>Principal Place of Business</i> 2500 N. BAY DR. POMPANO BEACH, FL 33062	<i>Mailing Address</i> 2500 N. BAY DR. POMPANO BEACH, FL 33062
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01202006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

<b>6. Name and Address of Current Registered Agent</b>  BAILEY, PATRICK L. 2335 E. ATLANTIC BLVD. POMPANO BEACH, FL 33061
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**DO NOT WRITE  
IN THIS SPACE**

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 re-registering)

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD GARNER, CLARE (DR) 2500 N. BAY DRIVE #A POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TUCKER, GLENN 2500 N. BAY DRIVE #1A POMPANO BCH, FL 33062
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAILEY, PATRICK 3500 N. BAY DRIVE #B POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARNER, JAMES J 2500 N. BAY DRIVE #2B POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROBERTS, JOSEPH 2500 N. BAY DRIVE #5A POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000424007  
02/18/06-80030-020 61.25

**DO NOT WRITE  
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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:**   **954-943-1050**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date License Number