


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jan 16, 2008 08:00 A
Secretary of State**

DOCUMENT # 737878 1. Entity Name BAYVIEW OF POMPANO, INC.	
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Principal Place of Business 2500 N. BAY DR. POMPANO BEACH, FL 33062	Mailing Address 2500 N. BAY DR. POMPANO BEACH, FL 33062
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01072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1749891	Applied For Not Applicable
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

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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

000000786248
01/17/08-80033-003 61.25

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

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: *Clare Garner Pres* 1-9-08 (954)943-1080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #