## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 02, 2006 8:00 am Secretary of State

DOCUMENT # 751130  1. Entity Name CHELSEA BAYVIEW CONDOMINIUM ASSOCIATION, INC.					0	02-02-2006 90081 045 ****61.25			
OFFICE	A BAT VIEW GONDOWING	VI AGGOCIATION, II	<b>10</b> .						
Principal Plac 1913 S OCE OFFICE		Mailing Address C/O THE CONTINENTAI 2950 N 28 TERR	L GROUP						
HALLANDALE	BEACH, FL 33009 US	HOLLYWOOD, FL 330	20 US	3	 				
2. Principal Place of Business 3.		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01062006 C	hg-NP	CR2E037 (11/05)		
City & Stat	e	City & State			4. FEI Number 59-198935	i3	<u> </u>	plied For ot Applicable	
Zip	Country	Zip	Cou	ıntry	5. Certificate of St	atus Desired	S8.75 Add	litional	
	6. Name and Address of Current	Registered Agent	I		7. Name and Add	ress of New R	······································		
MARS, GARY			Name						
150 WEST FLAGLER ST MIAMI, FL 33130				Street Addr	ress (P.O. Box Number is	Not Acceptable	e) 		
				City			FL Zip Cod	e	
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its	registere	ed office or re	gistered agent, or both, in	the State of Flo	orida. I am familiar with,	and accept	
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SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signature r	required when reinstating)		DATE	<del></del>	
· ·····•			Campaign Financing and Contribution.		\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIF	RECTORS	11.		ADDITIONS/CHANG	<u> </u> ES TO OFFICE	RS AND DIRECTORS IN	10	
TITLE NAME	VP SPILLNER, HELENE	☐ Delete	TITLE	1			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	1913 S OCEAN DRIVE #204 HALLANDALE BEACH, FL 3300	9		ET ADDRESS - ST-ZIP					
TITLE	T CAROLAGICA JEANIETTE	☐ Delete	TITLE				☐ Change	Addition	
NAME STREET ADDRESS	SADOWSKY, JEANETTE 1913 S OCEAN DRIVE #411		NAMI STRE	ET ADDRESS					
CITY-ST-ZIP	LIALLANDALE DEACH EL 0000		0	EI AUUNCOO					
TITLE	HALLANDALE BEACH, FL 3300		CITY	-ST-ZIP	To Core I I am a l	Dies to	7	Manager.	
NAME	S CREECH, CLAIRE	9 Delete		-ST-ZIP	JEFFRY LONE (	Diector	Change	Addition	
STREET ADDRESS	S CREECH, CLAIRE 1913 S OCEAN DRIVE #102	☐ Delete	CITY: TITLE NAME STRE	-ST-ZIP  E FT ADDRESS	1135 occan oni	,	/ - '	Addition	
	S CREECH, CLAIRE 1913 S OCEAN DRIVE #102 HALLANDALE BEACH, FL 3300 D	☐ Delete	CITY: TITLE NAME STRE	-ST-ZIP  E ET ADDRESS -ST-ZIP  H	ills obtan Dri allandau Beac Drecty	,	/ - '	Addition Addition	
STREET ADDRESS CITY-ST-ZIP	S CREECH, CLAIRE 1913 S OCEAN DRIVE #102 HALLANDALE BEACH, FL 3300 D FUMAROLA, PAUL	☐ Delete	CITY- TITLE NAMI STRE CITY- TITLE NAMI	-ST-ZIP  E ET ADDRESS -ST-ZIP  H	ilss obean Dri allandau Beac Drects Rosa arian	h, 9. 330	09	<u> </u>	
STREET ADDRESS CITY-ST-ZIP TITLE NAME	S CREECH, CLAIRE 1913 S OCEAN DRIVE #102 HALLANDALE BEACH, FL 3300 D FUMAROLA, PAUL 1913 S. OCEAN DRIVE HALLANDALE BEACH, FL 3300	Delete 9	CITY TITLE NAME STRE CITY TITLE NAME STRE	-ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS	ills obtan Dri allandau Beac Drecty	4/9.33	Change	<u> </u>	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	S CREECH, CLAIRE 1913 S OCEAN DRIVE #102 HALLANDALE BEACH, FL 3300 D FUMAROLA, PAUL 1913 S. OCEAN DRIVE	Delete 9	CITY TITLE NAME STRE CITY TITLE NAME STRE	-ST-ZIP  E ET ADDRESS H  E ET ADDRESS -ST-ZIP  E ET ADDRESS -ST-ZIP	1138 Octan Driv allandau Beac Drects Rosa arias 19138 Octan Onra	4/9.33	Change	<u> </u>	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	S CREECH, CLAIRE 1913 S OCEAN DRIVE #102 HALLANDALE BEACH, FL 3300 D FUMAROLA, PAUL 1913 S. OCEAN DRIVE HALLANDALE BEACH, FL 3300 P SPILLNER, FREDERICK 1913 S OCEAN DRIVE #204	Delete  Delete  Delete	CITY TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE NAMI STRE	-ST-ZIP E E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E E ET ADDRESS	1138 Octan Driv allandau Beac Drects Rosa arias 19138 Octan Onra	4/9.33	Change	☐ Addition	
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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 life empowered.

SIGNATURE: Tug

CITY-ST-ZIP HALLANDALE BEACH, FL 33009

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Date

Daytime Phone #