2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 12, 2005 08:00 AM DOCUMENT # 756343 1. Entity Name **Secretary of State** BAYVIEW CLUB CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 3208 BAYVIEW DRIVE 3203 BAYVIEW DRIVE SUITE 206 SUITE 206 FT. VAUDERALE FL 33306 FT. LAUDERALE FL 33306 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E037 (10/04) Applied For City & State City & State 4. FEI Number 59-2082936 Not Applicab Country \$8.75 Additional Country Zìo Ziο 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WAY, WILSON Street Address (P.O. Box Number is Not Acceptable) 3208 BAYVIEW DRIVE SUITE 101 FT. LAUDERDALE FL 33306 City 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 access the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and titla if applicable Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10 ☐ Delete TITLE Change □ A'. THLE WAY, WILSON NAME U00000227789 NAME 3208 BAYVIEW DRIVE # 101 STREET ADDRESS STREET ADDRESS 02/14/05-80013-005 70.00 FT. LAUDERDALE FL 33306 CITY-SI-ZIP CITY-ST-ZIP Aii. Change TITLE Delete TITLE PARKER, SCOTT NAME 3208 BAYVIEW DRIVE #102 STREET ADDRESS STREET ADDRESS FT, LAUDERDALE FL 33306 CITY-ST-7IP CITY-ST-ZIP Change TITLE □ Delete TIFLE NAME MURPHY, TERRY NAME 3208 BAYVIEW DR # 206 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33306 CITY-ST-ZIP CITY SI-7P ☐ Art... Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP ☐ Delete ☐ Change □ A > TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Ada ☐ Change ☐ Delete HILE THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 direct 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 1 changed, or on an attachment with an address, with all other like empowered