## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000003825

FILED Apr 02, 2008 Secretary of State

Entity Name: BAY VIEW LOFTS CONDOMINIUM ASSOCIATION, INC.

Entity Nan	IE: BAY VIE	W LOFTS CONDOMINIUM ASS	SOCIATIC	DN, INC.			
Current Principal Place of Business:				New Principal Place of Business:			
2000 BAY [ MIAMI BEA	DRIVE CH, FL 3314	41					
Current Mailing Address:				New Mailing Address:			
PO BOX 667348 POMPANO BEACH, FL 33066				1125 WASHINGTON AVENUE MIAMI BEACH, FL 33139			
FEI Number:	20-2747643	FEI Number Applied For ( )	FEI Num	ber Not Appli	cable ( )	Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:		Name and	Address o	of New Registered Agent:	
PERSONAL PROPERTY MANAGEMENT INC 1500 WEST CYPRESS CREEK ROAD SUITE 419 FORT LAUDERDALE, FL 33309 US				STREAMLINE PROPERTIES, INC 1125 WASHINGTON AVENUE MIAMI BEACH, FL 33139 US			
The above in the State	named entity of Florida.	submits this statement for the p	ourpose of	changing it	s registere	d office or registered agent, or both,	
SIGNATURE: SAUL GROSS, PRESIDENT						04/02/2008	
	Electro	onic Signature of Registered Age	ent			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P ( HEMCHAND, A 2000 BAY DR MIAMI BEACH	IVE # 404		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	SCHOONOVE 151 N.W. 16T			Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	ST ( LORETTO, M/ 2401 S.W. 2N MIAMI, FL 33	D AVE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	(	) Delete		Title: Name: Address: City-St-Zip:	D ANGULO, IN 2000 BAY D MIAMI BEAG		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK SCHOONOVER VP 04/02/2008