


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90137 013 ****61.25

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DOCUMENT # N04000007963					
1. Entity Name BAYVIEW CONDOMINIUMS CLEARWATER ASSOCIATION, INC.					
Principal Place of Business BAYVIEW CONDO CLW. ASSOC. 700 N OSCEOLA AVE CLEARWATER, FL 33755			Mailing Address C/O RICHARD C. COMMONS, P.A. 300 S DUNCAN AVE #220 B CLEARWATER, FL 33755		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02052007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 86-1114672	
				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			7. Name and Address of New Registered Agent		
BRINSTER, KATHY 700 N OSCEOLA AVE #506 CLEARWATER, FL 33755			Name <i>Richard Dake</i> Street Address (P.O. Box Number is Not Acceptable) <i>700 N. Osceola Ave., #3</i> City <i>Clearwater</i> FL Zip Code <i>33755</i>		
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 <i>Richard L. Dake, PRESIDENT</i>			DATE <i>3/25/07</i>		
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRINSTER, KATHY			NAME	<i>Betty McLane</i>
STREET ADDRESS	700 N OSCEOLA AVE # 506			STREET ADDRESS	<i>700 N. Osceola Ave., #702</i>
CITY-ST-ZIP	CLEARWATER, FL 33755			CITY-ST-ZIP	<i>Clearwater, FL 33755</i>
TITLE	VP P	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAKE, RICHARD			NAME	
STREET ADDRESS	700 N OSCEOLA AVE # 3			STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33755			CITY-ST-ZIP	
TITLE	STD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHANNON, NANCY			NAME	
STREET ADDRESS	700 N OSCEOLA AVE #306			STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33755			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: <i>Richard L. Dake, PRESIDENT</i>			DATE: <i>3/25/07</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		