
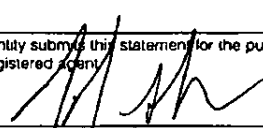
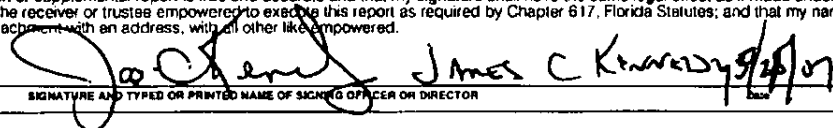


**2007 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # N05000012788</b> 1. Entity Name BAYVIEW PALMS CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 1800 & 1805 SANS SOUCI BLVD. N. MIAMI, FL 33181		Mailing Address 1805 SANS SOUCI BLVD MIAMI, FL 33181
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 396 Alhambra circle Suite, Apt. #, etc. Suite 230 City & State Coral Gables Zip 33134 Country USA
City & State		4. FEI Number 20-5092099 Applied For Not Applicable
Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DE VILLIERS, ANA v. 201 ALHAMBRA CIRCLE, STE. 601 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name <b>DAVID SHEAR</b> Street Address (P.O. Box Number is Not Acceptable) 201 ALHAMBRA CIR. # 601 City <b>CORAL GABLES</b> FL Zip Code <b>33134</b>
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 		DATE <b>May 3, 2007</b>
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 NAME STREET ADDRESS CITY-ST-ZIP	DP CABRERIZO, TOMAS 6351 SUNSET DR. MIAMI, FL 33143	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS KENNEDY, JIM 6351 SUNSET DR. MIAMI, FL 33143	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT-- FUENTES, IVAN 6351 SUNSET DR. MIAMI, FL 33143	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Heony, Christine 1805 San Souci Blvd #529 North Miami, FL 33181	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE <b>5/25/07</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DAYTIME PHONE # <b>305 779-8049</b>

66017503



01222007 Chg-NP CR2E037 (12/06)