
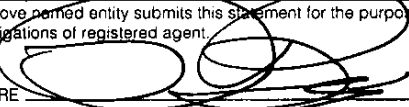



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N05000012788</b> 1. Entity Name <b>BAYVIEW PALMS CONDOMINIUM ASSOCIATION, INC.</b>			<b>FILED</b> <b>08 FEB 18 PM 5: 25</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business <b>1800 &amp; 1805 SANS SOUCI BLVD.          N. MIAMI, FL 33181</b>		Mailing Address <b>396 ALHAMBRA CIR          STE 230          CORAL GABLES, FL 33136</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number <b>20-5092099</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b> <i>Shear, David          301 Alhambra Circle, Ste. 601          Coral Gables, Fl. 33134</i>		<b>7. Name and Address of New Registered Agent</b> Name <i>Katzman &amp; Korr</i> Street Address (P.O. Box Number is Not Acceptable) <i>1501 NW 49th Street</i> <i>Suite 202</i> City <i>Ft. Lauderdale</i> <b>FL</b> Zip Code <i>33309</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: <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 30%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <i>Donna J. Berger, Partner 2/14/08</i>  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;">           DATE  <small>DATE</small> </div> </div>			
<b>Filing Fee is \$61.25          Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CABRERIZO, TOMAS 6351 SUNSET DR. MIAMI, FL 33143	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS KENNEDY, JIM 6351 SUNSET DR. MIAMI, FL 33143	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KEONY, CHRISTINE 1805 SAN SONCI BLVD 524 MIAMI, FL 33181	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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
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
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
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>Christine Keaney</i> <b>2/13/08</b> <b>305.281.3293</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	