

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # N26952**

1. Entity Name  
 BAYSIDE VILLAGE EAST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business ONE FISHER ISLAND DRIVE ONE FISHER ISLAND DRIVE FISHER ISLAND 33109 US	FL	Mailing Address ONE FISHER ISLAND ONE FISHER ISLAND DRIVE FISHER ISLAND 33109 US	FL
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2. Principal Place of Business ONE FISHER ISLAND DRIVE	3. Mailing Address ONE FISHER ISLAND
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State FISHER ISLAND FL	City & State FISHER ISLAND FL
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Zip 33109	Country US	Zip 33109	Country US
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4. FEI Number <b>65-0058288</b>	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

POTASH, IRWIN M., M.D.  
 2033 FISHER ISLAND DR.  
 FISHER ISLAND FL  
 33109 US

**7. Name and Address of New Registered Agent**

Name  
**GUY SPIEGELMAN, ESQ**  
 Street Address (P.O. Box Number is Not Acceptable)  
 28 WEST FLAGLER STREET  
 SUITE #400  
 City **FL** Zip Code  
 MIAMI 33130

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.

SIGNATURE **GUY SPIEGELMAN** **04/30/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PHILLIPS LAWRENCE 2042 FISHER ISLAND DR FISHER ISLAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD PEARCE MICHAEL 2015 FISHER ISLAND DRIVE FISHER ISLAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POTASH IRWIN M 2033 FISHER ISLAND DR. FISHER ISLAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 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:** Dr. Irwin M. Potash PD **04/30/2001**

CR2E037 (11/00)