

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 18, 2002 8:00 am**  
**Secretary of State**

02-18-2002 90009 049 \*\*\*\*61.25

**DOCUMENT # N26952**

1. Entity Name

**BAYSIDE VILLAGE EAST CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**ONE FISHER ISLAND DRIVE  
 FISHER ISLAND FL 33109  
 US**

**ONE FISHER ISLAND  
 FISHER ISLAND FL 33109  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0058288**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUY SPIEGELMAN, ESQ  
 28 WEST FLAGLER STREET  
 SUITE #400  
 MIAMI FL 33130**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-9-02

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  Delete  
 NAME **POTASH, IRWIN M**  
 STREET ADDRESS **2033 FISHER ISLAND DR.**  
 CITY-ST-ZIP **FISHER ISLAND FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TSD**  Delete  
 NAME **PEARCE, MICHAEL**  
 STREET ADDRESS **2015 FISHER ISLAND DRIVE**  
 CITY-ST-ZIP **FISHER ISLAND FL**

TITLE **SD**  Change  Addition  
 NAME **BETTY MITCHELL**  
 STREET ADDRESS **2022 FISHER ISLAND DRIVE**  
 CITY-ST-ZIP **FISHER ISLAND, FL. 33109**

TITLE **TD**  Delete  
 NAME **PHILLIPS, LAWRENCE**  
 STREET ADDRESS **2042 FISHER ISLAND DR**  
 CITY-ST-ZIP **FISHER ISLAND FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-02

305-532-3144

Date

Daytime Phone #

CR2E037 (9/01)