


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90007 007 ****61.25

DOCUMENT # N26952
1. Entity Name
BAYSIDE VILLAGE EAST CONDOMINIUM ASSOCIATION, INC.



DO NOT WRITE IN THIS SPACE

24013272

2. Principal Place of Business
ONE FISHER ISLAND DR.
Suite, Apt. #, etc.

3. Mailing Address
ONE FISHER ISLAND DR.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FISHER ISLAND FLORIDA

City & State
FISHER ISLAND FLORIDA

4. FEI Number
650058288

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip Country
33109 USA

Zip Country
33109 USA

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
GUY SPIEGELMAN, ESQ

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

Suite #400

City
MIAMI

FL

Zip Code
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Jose Garcia AS AGENT JOSE GARCIA 2-18-04
Signature used or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25 Initial or Amended UBR

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PD IRWIN M POTASH 2033 FISHER ISLAND DR. FISHER ISLAND, FL. 33109</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SD BETTY MITCHELL 2022 FISHER ISLAND DR. FISHER ISLAND, FL. 33109</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TD KAY TATUM 2042 FISHER ISLAND DR. FISHER ISLAND, FL. 33109</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jose Garcia AS AGENT JOSE GARCIA 2-18-04 305-532-3144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #