2005 NOT-FOR-PROFIT CORPORATION

FILED Feb 23, 2005 8:00 am Secretary of State 02-23-2005 90078 049 ****61.25

	ANI	NUAL REPORT	
DOCUMENT # 1. Entity Name BAYSIDE VILLAGE E INC.		52 ONDOMINIUM ASSOCIATION,	
Principal Place of Business ONE FISHER ISLAND DRIVE FISHER ISLAND, FL 33109	US	Mailing Address ONE FISHER ISLAND DRIVE FISHER ISLAND, FL 33109	US

INC.								7				
Principal Plac ONE FISHER FISHER ISLA	ISLAND DRI	VE	•		ess R ISLAND DRI AND, FL 331		s				8402	·
2. Principal F	Place of Busin	ness		3. Mailing Ad	dress							
Suite, Apt.	#, etc.			Suite, Ap	t. #, etc.			01112005	Chg-NP	CR2E03	7 (10/03)	
City & State			City & Sta	City & State			4. FEI Number 65-0058	288			oplied For	
Zip		Country		Zip		Count	try	5. Certificate of	f Status Desired		\$8.75 Add Fee Require	
	6. Name	and Address	of Current Re	egistered Age	nt				ddress of New F	Registered A	gent	
SPIEGELM 28 WEST SUITE #40 MIAMI, FL	FLAGLER 00						Name Gary Street Address 3111 ST	Poliako (P.O. Box Nambel Irling Road	ff is Not Acceptabl	e)	-	·
	00100			•		-	City Ft.	Lauderdale		FL	Zip Cod	7
			statement for t	the purpose of	changing its re	egistered	l office or regist	ered agent, or both,	in the State of Fi	orida. I am f	amiliar with,	and accept
the obligat	tions of regist	ered agent.					,					
SIGNATURE	Ga,	y Pol or printed name of r	IAKOF registered agent and	$\frac{F}{E}$ $\frac{E}{E}$ 5	(NOTE:	Registered A	7/05 Agent signature requir	red when reinstating)		· DATE		<u>. </u>
Filing Fee is \$61.25 Due by May 1, 2005				9. Election Campaign Financing Trust Fund Contribution. □							ı	
	-							\$5.00 May Be Added to Fees		lake check rida Depart		
10	-	lay 1, 2005	5			ontribution		Added to Fees	Flo	rida Depart	ment of S1	tatė
10.	Due by M	lay 1, 2005		CTORS	Trust Fund Co	ontribution 11.			Flo	rida Depart	ment of SI	latė
TITLE	PD PD	OFFICE	5	CTORS		11. TITLE		Added to Fees	Flo	rida Depart	ment of S1	tatė
	PD POTASH,	OFFICE	RS AND DIRE	CTORS	Trust Fund Co	11. TITLE NAME		Added to Fees	Flo	rida Depart	ment of SI	latė
TITLE NAME	PD POTASH, 2033 FISH	OFFICE	RS AND DIRE	CTORS	Trust Fund Co	11. TITLE NAME	ADDRESS	Added to Fees	Flo	rida Depart	ment of SI	latė
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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:

rolons SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 305 532-3144 Daytime Phone #