


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90078 049 \*\*\*\*61.25

<b>DOCUMENT # N26952</b>					
1. Entity Name BAYSIDE VILLAGE EAST CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business ONE FISHER ISLAND DRIVE FISHER ISLAND, FL 33109 US			Mailing Address ONE FISHER ISLAND DRIVE 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
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SPIEGELMAN, GUY ESQ 28 WEST FLAGLER STREET SUITE #400 MIAMI, FL 33130				Name <i>Gary Poliakoff</i>	
				Street Address (P.O. Box Number is Not Acceptable) <i>3111 Stirling Road</i>	
				City <i>Ft. Lauderdale</i> FL Zip Code <i>33312</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.					
SIGNATURE: <i>Gary Poliakoff, ESQ</i> DATE: <i>1/17/05</i>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTASH, IRWIN M			NAME	
STREET ADDRESS	2033 FISHER ISLAND DR.			STREET ADDRESS	
CITY-ST-ZIP	FISHER ISLAND, FL 33109			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, BETTY			NAME	
STREET ADDRESS	2022 FISHER ISLAND DRIVE			STREET ADDRESS	
CITY-ST-ZIP	FISHER ISLAND, FL 33109			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TATUM, KAY			NAME	
STREET ADDRESS	2042 FISHER ISLAND DR			STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33109			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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: <i>Robyn M. ...</i> DATE: <i>1/17/05</i> PHONE: <i>308 532-3444</i>					
Signature and typed or printed name of signing officer or director					

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4. FEI Number 65-0058288 Applied For Not Applicable

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