

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90131 005 ****61.25

DOCUMENT # N36055
 1. Entity Name
 BAYVIEW HOMES I CONDOMINIUM ASSOCIATION, INC.



40043330

Principal Place of Business: 5400/5408 EAGLES PT. CIRCLE, SARASOTA, FL 34231 US
 Mailing Address: % CMR & ASSOCIATES SERVICES, 40 SARASOTA CENTER BLVD., #A08A, SARASOTA, FL 34240 US



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

03212006 Chg-NP CR2E037 (11/05)

City & State, Zip, Country fields for both Principal Place of Business and Mailing Address.

4. FEI Number: 59-2985777
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
 CMR & ASSOCIATES SERVICES, INC.
 DONNIE P. MELENDY CAM
 40 SARASOTA CENTER BLVD., #A08A
 SARASOTA, FL 34231

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25
Due by May 1, 2006

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	DVP KUERSCHNER, WALTER	<input type="checkbox"/> Delete
STREET ADDRESS	5408 EAGLES PT CIR #301	
CITY - ST - ZIP	SARASOTA, FL	
TITLE NAME	PR CHATSON, ELI	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5408 EAGLES PT. CIRCLE, # 203	
CITY - ST - ZIP	SARASOTA, FL 34231	
TITLE NAME	DT FLEISCHMANN, PAUL	<input type="checkbox"/> Delete
STREET ADDRESS	5400 EAGLES PT CIR #304	
CITY - ST - ZIP	SARASOTA, FL	
TITLE NAME	DS NUSBAUM, JACK	<input type="checkbox"/> Delete
STREET ADDRESS	5400 EAGLES PT CIR #205	
CITY - ST - ZIP	SARASOTA, FL	
TITLE NAME	CC BLUM, MILTON	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5400 EAGLES PT CIR #406	
CITY - ST - ZIP	SARASOTA, FL 34231	
TITLE NAME	BP BLACK, TERRY	<input type="checkbox"/> Delete
STREET ADDRESS	5400 EAGLES PT, # 206	
CITY - ST - ZIP	SARASOTA, FL 34231	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D Ted Humphrey	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5408 Eagles Point Circle	
CITY - ST - ZIP	Sarasota, FL 34231	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Paul L. Fleischmann Paul L. FLEISCHMANN 4/3/06 941-945-3322
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #