

FILE NOW: FILING FEE AFTER MAY 1 IS \$ 65.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -2 AM 8:36

DOCUMENT # N93000001748 (3)

1. Corporation Name

BAYSHORE VILLAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2100 SOUTH BAYSHORE DR.
COCONUT GROVE FL 33133

12079 SW 131 AVE
MIAMI FL 33186
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

04/20/1993

04/06/1994

4. FEI Number

Applied For

65-0172716

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

Yes

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SKRLD, INC.
201 ALHAMBRA CIRCLE, STE. 1102
CORAL GABLES FL 33134

1 Name

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

3

4 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME GINSBERG, DANIEL
STREET ADDRESS 3520 BAYSHORE VILLAS DR
CITY-ST-ZIP COCONUT GROVE FL

1.1 TITLE P
1.2 NAME SUZY MOSS
1.3 STREET ADDRESS 3530 BAYSHORE VILLAS DRIVE
1.4 CITY-ST-ZIP COCONUT GROVE, FL 33133
 Change Addition

TITLE VP
NAME SEGALL, BERNARD
STREET ADDRESS 3517 BAYSHORE VILLAS DR
CITY-ST-ZIP COCONUT GROVE FL

2.1 TITLE VP
2.2 NAME SEGALL, BERNARD
2.3 STREET ADDRESS 3517 BAYSHORE VILLAS DRIVE
2.4 CITY-ST-ZIP COCONUT GROVE, FL 33133
 Change Addition

TITLE T
NAME LEVITT, MORRIS
STREET ADDRESS 3519 BAYSHORE VILLAS DR
CITY-ST-ZIP COCONUT GROVE FL

3.1 TITLE T
3.2 NAME LEVITT, MORRIS
3.3 STREET ADDRESS 3519 BAYSHORE VILLAS DRIVE
3.4 CITY-ST-ZIP COCONUT GROVE, FL 33133
 Change Addition

TITLE S
NAME HOFFMAN, DEBORAH
STREET ADDRESS 3525 BAYSHORE VILLAS DR
CITY-ST-ZIP COCONUT GROVE FL

4.1 TITLE S
4.2 NAME HOFFMAN, DEBORAH
4.3 STREET ADDRESS 3525 BAYSHORE VILLAS DRIVE
4.4 CITY-ST-ZIP COCONUT GROVE, FL 33133
 Change Addition

TITLE D
NAME LAZARUS, ARTHUR
STREET ADDRESS 3509 BAYSHORE VILLAS DR
CITY-ST-ZIP COCONUT GROVE FL

5.1 TITLE D
5.2 NAME OREN, NEDRA
5.3 STREET ADDRESS 3526 BAYSHORE VILLAS DRIVE
5.4 CITY-ST-ZIP COCONUT GROVE, FL 33133
 Change Addition

TITLE D
NAME MOSS, SUZY
STREET ADDRESS 3530 BAYSHORE VILLAS DR
CITY-ST-ZIP COCONUT GROVE FL

6.1 TITLE D
6.2 NAME AMDUR, NEAL
6.3 STREET ADDRESS 3511 BAYSHORE VILLAS DRIVE
6.4 CITY-ST-ZIP COCONUT GROVE, FL 33133
 Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption under Section 170.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-95

(Type in Title)