

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified
04/20/1993

3a. Date of Last Report
02/02/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number
65-0172716

Applied For
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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSS, SUZY	1.2 NAME	
STREET ADDRESS	3530 BAYSHORE VILLAS DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	COCONUT GROVE FL	1.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEGALL, BERNARD	2.2 NAME	ISABELLE AMDUR
STREET ADDRESS	3517 BAYSHORE VILLAS DR	2.3 STREET ADDRESS	3511 BAYSHORE VILLAS DR
CITY - ST - ZIP	COCONUT GROVE FL	2.4 CITY - ST - ZIP	COCONUT GROVE, FL 33133
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVITT, MOORIS	3.2 NAME	SEGALL, BERNARD
STREET ADDRESS	3519 BAYSHORE VILLAS DR	3.3 STREET ADDRESS	3517 BAYSHORE VILLAS DR
CITY - ST - ZIP	COCONUT GROVE FL	3.4 CITY - ST - ZIP	COCONUT GROVE, FL 33133
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, DEBORAH	4.2 NAME	
STREET ADDRESS	3525 BAYSHORE VILLAS DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	COCONUT GROVE FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OREN, NEDRA	5.2 NAME	GREENBURG, ELSA
STREET ADDRESS	3526 BAYSHORE VILLAS DRIVE	5.3 STREET ADDRESS	3509 BAYSHORE VILLAS DR
CITY - ST - ZIP	COCONUT GROVE FL	5.4 CITY - ST - ZIP	COCONUT GROVE, FL 33133
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMDUR, NEAL	6.2 NAME	MENDLESON, LARRY
STREET ADDRESS	3511 BAYSHORE VILLAS DRIVE	6.3 STREET ADDRESS	3518 BAYSHORE VILLAS DR
CITY - ST - ZIP	COCONUT GROVE FL	6.4 CITY - ST - ZIP	COCONUT GROVE, FL 33133

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/96

Date

Daytime Phone #

CR2E037 (12/95)