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**Feb 06 1997 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33186-6475
US**

3. Date Incorporated or Qualified
04/20/1993

3a. Date of Last Report
02/27/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0172716

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

23 Zip

Country

28 Zip

Country

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

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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 DELETE
NAME **P MOSS, SUZY**
STREET ADDRESS **3530 BAYSHORE VILLAS DRIVE**
CITY-ST-ZIP **COCONUT GROVE FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DELETE
NAME **VP AMDUR, ISABELLE**
STREET ADDRESS **3511 BAYSHORE VILLAS DRIVE**
CITY-ST-ZIP **COCOCNUT GROVE F**

2.1 TITLE Change Addition
2.2 NAME **LEVITT, MORRIS**
2.3 STREET ADDRESS **3519 BAYSHORE VILLAS**
2.4 CITY-ST-ZIP **COCONUT GROVE, FL 33133**

TITLE DELETE
NAME **D SEGALL, BERNARD**
STREET ADDRESS **3517 BAYSHORE VILLAS DRIVE**
CITY-ST-ZIP **COCONUT GROVE FL**

3.1 TITLE Change Addition
3.2 NAME **TD MENDELSON, LARRY**
3.3 STREET ADDRESS **3518 BAYSHORE VILLA**
3.4 CITY-ST-ZIP **COCONUT GROVE, FL**

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

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME **D OREN, NEDRA**
STREET ADDRESS **3526 BAYSHORE VILLAS DRIVE**
CITY-ST-ZIP **COCONUT GROVE FL**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME **D AMDUR, NEAL**
STREET ADDRESS **3511 BAYSHORE VILLAS DRIVE**
CITY-ST-ZIP **COCONUT GROVE FL**

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 2027822

CR2E037 (9/96)