

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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**

4. FEI Number

**65-0172716**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 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**

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

TITLE	P	XX DELETE
NAME	MOSS, SUZY	
STREET ADDRESS	3530 BAYSHORE VILLAS DRIVE	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	VP	DELETE
NAME	LEVITT, MORRIS	
STREET ADDRESS	3519 BAYSHORE VILLAS	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	D	DELETE
NAME	SEGALL, BERNARD	
STREET ADDRESS	3517 BAYSHORE VILLAS DRIVE	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	S	DELETE
NAME	HOFFMAN, DEBORAH	
STREET ADDRESS	3525 BAYSHORE VILLAS DR	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	D	DELETE
NAME	OREN, NEDRA	
STREET ADDRESS	3526 BAYSHORE VILLAS DRIVE	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	TD	DELETE
NAME	MENDELSON, LARRY	
STREET ADDRESS	3518 BAYSHORE VILLA	
CITY-ST-ZIP	COCONUT GROVE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	XX Change	Addition
1.2 NAME	BERNARD SEGALL		
1.3 STREET ADDRESS	3517 BAYSHORE VILLAS		
1.4 CITY-ST-ZIP	COCONUT GROVE, FL 33133		
2.1 TITLE	VP	Change	Addition
2.2 NAME	LEVITT, MORRIS		
2.3 STREET ADDRESS	3519 BAYSHORE VILLAS		
2.4 CITY-ST-ZIP	COCONUT GROVE, FL 33133		
3.1 TITLE	S	Change	Addition
3.2 NAME	HOFFMAN, DEBORAH		
3.3 STREET ADDRESS	3525 BAYSHORE VILLAS		
3.4 CITY-ST-ZIP	COCONUT GROVE, FL 33133		
4.1 TITLE	T	Change	Addition
4.2 NAME	MENDELSON, LARRY		
4.3 STREET ADDRESS	3518 BAYSHORE VILLAS		
4.4 CITY-ST-ZIP	COCONUT GROVE, FL 33133		
5.1 TITLE	D	Change	Addition
5.2 NAME	OREN, NEDRA		
5.3 STREET ADDRESS	3526 BAYSHORE VILLAS		
5.4 CITY-ST-ZIP	COCONUT GROVE, FL 33133		
6.1 TITLE	D	Change	XX Addition
6.2 NAME	IBARGUEN, PAMELA		
6.3 STREET ADDRESS	3520 BAYSHORE VILLAS		
6.4 CITY-ST-ZIP	COCONUT GROVE, FL 33133		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(c), 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: **X** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 207755

CR2E037 (10/97)