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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001748

1. Corporation Name
BAYSHORE VILLAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
2100 SOUTH BAYSHORE DR.
COCONUT GROVE FL 33133

Mailing Address
12079 SW 131 AVE
MIAMI FL 33186
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 2950 N. 28th Ter.
Suite, Apt. #, etc.

04/20/1993
4. FEI Number
65-0172716

Applied For
Not Applicable

23 City & State

27 City & State
28 Hollywood, Florida

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

24 Zip Country
25 33020

29 Zip Country
30 33020

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

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 D DELETE
NAME IBARGUEN, PAMELA
STREET ADDRESS 3520 BAYSHORE VILLAS
CITY-ST-ZIP COCONUT GROVE FL 33133

1.1 TITLE D Change Addition
1.2 NAME FRANK REYES
1.3 STREET ADDRESS 3507 Bayshore Villas
1.4 CITY-ST-ZIP Coconut Grove, FL 33133

TITLE VP DELETE
NAME LEVITT, MORRIS
STREET ADDRESS 3519 BAYSHORE VILLAS
CITY-ST-ZIP COCONUT GROVE FL 33133

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE P DELETE
NAME SEGALL, BERNARD
STREET ADDRESS 3517 BAYSHORE VILLAS DRIVE
CITY-ST-ZIP COCONUT GROVE FL 33133

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE S DELETE
NAME HOFFMAN, DEBORAH
STREET ADDRESS 3525 BAYSHORE VILLAS DR
CITY-ST-ZIP COCONUT GROVE FL 33133

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

TITLE D DELETE
NAME OREN, NEDRA
STREET ADDRESS 3526 BAYSHORE VILLAS DRIVE
CITY-ST-ZIP COCONUT GROVE FL 33133

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

TITLE T DELETE
NAME MENDELSON, LARRY
STREET ADDRESS 3518 BAYSHORE VILLA
CITY-ST-ZIP COCONUT GROVE FL 33133

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(2)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)