

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001748

1. Entity Name

BAYSHORE VILLAS HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90100 031 ****61.25

Principal Place of Business

Mailing Address

12079 SW 131 AVE
 COCONUT GROVE FL 33133

2950 N 28TH TER
 HOLLYWOOD FL 33020-1301
 US

2. Principal Place of Business

2100 BAYSHORE DRIVE

3. Mailing Address

12079 SW. 131 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COCONUT GROVE, FL

City & State

MIAMI, FL

4. FEI Number

65-0172716

Applied For

Not Applicable

Zip

33133

Country

US

Zip

33186

Country

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	REYES, FRANK	
STREET ADDRESS	3507 BAYSHORE VILLAS	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LEVITT, MORRIS	
STREET ADDRESS	3519 BAYSHORE VILLAS	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	P	<input type="checkbox"/> Delete
NAME	SEGALL, BERNARD	
STREET ADDRESS	3517 BAYSHORE VILLAS DRIVE	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOFFMAN, DEBORAH	
STREET ADDRESS	3525 BAYSHORE VILLAS DR	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	OREN, NEDRA	
STREET ADDRESS	3526 BAYSHORE VILLAS DRIVE	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	T	<input type="checkbox"/> Delete
NAME	MEDELSON, LARRY	
STREET ADDRESS	3518 BAYSHORE VILLA	
CITY-ST-ZIP	COCONUT GROVE FL 33133	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I 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 report or supplement thereto 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)