

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90014 034 ****61.25

DOCUMENT # N93000001748

1. Entity Name

BAYSHORE VILLAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2100 BAYSHORE DRIVE
 COCONUT GROVE FL 33133

12079 SW 131 AVENUE
 MIAMI FL 33186
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0172716

Applied For

Not Applicable

Zip

Country

Zip

Country

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	MENDELSON, LARRY	
STREET ADDRESS	3518 BAYSHORE VILLA	
CITY-ST-ZIP	COCONUT GORVE 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		
CITY-ST-ZIP		
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		
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 supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

[Handwritten Signature]

Date Daytime Phone #

CR2E037 (9/01)