


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 10, 2005 8:00 am**  
**Secretary of State**

02-10-2005 90045 040 \*\*\*\*61.25

**DOCUMENT # N93000001748**

1. Entity Name  
**BAYSHORE VILLAS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**C/O THE OCNTINENTAL GRP  
 11981 SW 144 CT  
 MIAMI, FL 33186**

Mailing Address  
**C/O THE OCNTINENTAL GRP  
 11981 SW 144 CT  
 MIAMI, FL 33186 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.


City & State

City & State

Zip Country

Zip Country

**40016111**



01052005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0172716**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2005**

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

**Make check payable to Florida Department of State.**

10. OFFICERS AND DIRECTORS

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 GROVE, FL 33133	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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:** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR