


FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90065 014 ****61.25

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N93000001748					
1. Entity Name BAYSHORE VILLAS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O THE CONTINENTAL GROUP, INC. 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	4. FEI Number 65-0172716	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REYES, FRANK		NAME		
STREET ADDRESS	3507 BAYSHORE VILLAS		STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE, FL 33133		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEVITT, MORRIS		NAME		
STREET ADDRESS	3519 BAYSHORE VILLAS		STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE, FL 33133		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SEGALL, BERNARD		NAME		
STREET ADDRESS	3517 BAYSHORE VILLAS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE, FL 33133		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOFFMAN, DEBORAH		NAME		
STREET ADDRESS	3525 BAYSHORE VILLAS DR		STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE, FL 33133		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OREN, NEDRA		NAME		
STREET ADDRESS	3526 BAYSHORE VILLAS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE, FL 33133		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MENDELSON, LARRY		NAME		
STREET ADDRESS	3518 BAYSHORE VILLA		STREET ADDRESS		
CITY-ST-ZIP	COCONUT GORVE, FL 33133		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Morris D. Levitt</u> <u>MORRIS D. LEVITT</u> <u>1/10/06</u> <u>305 8589222</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					