


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90099 050 \*\*\*\*61.25

<b>DOCUMENT # N93000001748</b>					
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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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 GROVE, 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 of this corporation 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 # _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	

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01022007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0172716 Applied For Not Applicable

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