

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90040 023 \*\*\*\*61.25

<b>DOCUMENT # N93000001748</b> 1. Entity Name <b>BAYSHORE VILLAS HOMEOWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>C/O THE CONTINENTAL GROUP, INC.</b> <b>11981 SW 144 CT</b> <b>MIAMI, FL 33186</b>	Mailing Address <b>C/O THE CONTINENTAL GRP</b> <b>11981 SW 144 CT</b> <b>MIAMI, FL 33186 US</b>
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40044878



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02252008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>65-0172716</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SKRLD, INC.</b> <b>201 ALHAMBRA CIRCLE, STE. 1102</b> <b>CORAL GABLES, FL 33134</b>	
7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D REYES, FRANK <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3507 BAYSHORE VILLAS	NAME	STREET ADDRESS
STREET ADDRESS	COCONUT GROVE, FL 33133	STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP LEVITT, MORRIS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3519 BAYSHORE VILLAS	NAME	STREET ADDRESS
STREET ADDRESS	COCONUT GROVE, FL 33133	STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	P SEGALL, BERNARD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3517 BAYSHORE VILLAS DRIVE	NAME	STREET ADDRESS
STREET ADDRESS	COCONUT GROVE, FL 33133	STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S HOFFMAN, DEBORAH <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3525 BAYSHORE VILLAS DR	NAME	STREET ADDRESS
STREET ADDRESS	COCONUT GROVE, FL 33133	STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D OREN, NEDRA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3526 BAYSHORE VILLAS DRIVE	NAME	STREET ADDRESS
STREET ADDRESS	COCONUT GROVE, FL 33133	STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	T MENDELSON, LARRY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3518 BAYSHORE VILLA	NAME	STREET ADDRESS
STREET ADDRESS	COCONUT GROVE, FL 33133	STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP		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:  Date: 2/26/08 Daytime Phone #: 3053741745

L.A. MENDELSON, Treasurer