

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001748

FILED
Apr 01, 2009
Secretary of State

Entity Name: BAYSHORE VILLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O THE CONTINENTAL GROUP, INC.
11981 SW 144 CT
MIAMI, FL 33186

New Principal Place of Business:

C/O THE CONTINENTAL GROUP, INC.
2950 N. 28TH TERR.,
HOLLYWOOD, FL 33020

Current Mailing Address:

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

New Mailing Address:

C/O THE CONTINENTAL GROUP, INC.
2950 N. 28TH TERR.,
HOLLYWOOD, FL 33020

FEI Number: 65-0172716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: REYES, FRANK
Address: 3507 BAYSHORE VILLAS
City-St-Zip: COCONUT GROVE, FL 33133

Title: VP () Delete
Name: LEVITT, MORRIS
Address: 3519 BAYSHORE VILLAS
City-St-Zip: COCONUT GROVE, FL 33133

Title: P () Delete
Name: SEGALL, BERNARD
Address: 3517 BAYSHORE VILLAS DRIVE
City-St-Zip: COCONUT GROVE, FL 33133

Title: S () Delete
Name: HOFFMAN, DEBORAH
Address: 3525 BAYSHORE VILLAS DR
City-St-Zip: COCONUT GROVE, FL 33133

Title: D () Delete
Name: OREN, NEDRA
Address: 3526 BAYSHORE VILLAS DRIVE
City-St-Zip: COCONUT GROVE, FL 33133

Title: T () Delete
Name: MENDELSON, LARRY
Address: 3518 BAYSHORE VILLA
City-St-Zip: COCONUT GORVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. BERNARD SEGALL

P

04/01/2009

Electronic Signature of Signing Officer or Director

Date