2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000000475

1. Entity Name
ST. GAUDENS/BAYVIEW HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3608 ST. GAUDENS ROAD MIAMI, FL 33133 US	3608 ST. GAUDENS ROAD MIAMI, FL 33133 US

01032004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0651095
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHURMAN, CAROLYN
3608 ST. GAUDENS ROAD
MIAMI, FL 33133

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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, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHURMAN, CAROLYN
STREET ADDRESS	3608 ST. GAUDENS ROAD
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	STD
NAME	HAMILTON, KATHY
STREET ADDRESS	3608 ST. GAUDENS ROAD
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	VD
NAME	TSCHUMY, TED
STREET ADDRESS	3610 BAYVIEW ROAD
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/07/04-80002-003 61.25

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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: Carolyn Shurman 1/4/04 3054460755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #