## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 21, 2006 8:00 am **DOCUMENT # 724882 Secretary of State** 1. Entity Name 03-21-2006 90044 039 \*\*\*\*61.25 BAYVIEW POINT SO CONDOMINIUM ASSOC INC Principal Place of Business Mailing Address 3601 NE 170TH STREET 3601 N.E. 170 STREET NORTH MIAMIH. FL 33160 NORTH MIAMI BEACH FL 33160 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 59-1562862 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CABALLERO, JOSÉ J Street Address (P.O. Box Number is Not Acceptable) 3601 N.E. 170 STREET **OFFICE** NORTH MIAMI BEACH FL 33160 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 Stgnature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 16 11. VP Change TITLE ☐ Delete TITLE ☐ Addition ALVAREZ, IRINA NAME NAME 3601 NE 170 STREET #607 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL 33160 CITY-ST-ZIP BOFF PRESIDENT TITLE ☐ Delete TITLE ☐ Change Addition DEFILLIPO, ANTHONY NAME NAME STREET ADDRESS 3601 NE 170 ST #406 STREET ADDRESS NORHT MIAMI BEACH FL 33160 CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME FIREMAN, GAIL NAME 3601 NE 170 ST #205 STREET ADDRESS STREET ADDRESS NORTH MIAMI BEACH FL 33160 CITY-ST-ZIP CITY-ST-ZIP **ஊ** ≲ட ☐ Delete Change | ☐ Addition TITLE TITLE BOSCH, BELKIS NAME NAME 3601 NE 170 ST # 608 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL 33160 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 Section 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: X

3/7/66 304 582-0867

**FILED**