


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

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # 717860

1. Entity Name
BAYSHORE PLACE CONDOMINIUM, INC.



Principal Place of Business 1420 BRICKELL BAY DR MIAMI, FL 33131 US	Mailing Address 1420 BRICKELL BAY DR MIAMI, FL 33131 US
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01152007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1475007	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZAMORA, NELLY
1420 BRICKELL BAY DR
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

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

U00000632218
02/21/07-80012-014 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MORENO, LUIS 1420 BRICKELL BAY DR MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MORALES, JUAN C 1420 BRICKELL BAY DRIVE MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PEREZ-CISNERDS, TERESA 1420 BRICKELL BAY DR MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP ZORIO, MARTIN 1420 BRICKELL BAY DR. MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **DP** **2/9/07** **305-3735987**
SIGNATURE IS TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #