


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 Mailing Address

1420 BRICKELL BAY DR 1420 BRICKELL BAY DR
 MIAMI, FL 33131 US MIAMI, FL 33131 US

DO NOT WRITE IN THIS SPACE



01152007 No Chg-NP CR2E037 (4/06)

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

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

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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 #