

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90087 018 \*\*\*\*\*70.00

**DOCUMENT # 724882**

1. Entity Name

BAYVIEW POINT SO CONDOMINIUM ASSOC INC



Principal Place of Business

Mailing Address

3601 NE 170TH STREET  
OFFICE  
NORTH MIAMI BEACH FL 33160  
US

3601 N.E. 170 STREET  
OFFICE  
NORTH MIAMIH. FL 33160  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-1562862

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CABALLERO, JOSE J  
3601 N.E. 170 STREET  
OFFICE  
NORTH MIAMI BEACH FL 33160

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP ☐ Delete  
NAME ALVAREZ, IRINA  
STREET ADDRESS 3601 NE 170 STREET #607  
CITY- ST- ZIP NORTH MIAMI BEACH FL 33160

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE **DIRECTOR** ☐ Delete  
NAME DEFILLIPO, ANTHONY  
STREET ADDRESS 3601 NE 170 ST #406  
CITY- ST- ZIP NORHT MIAMI BEACH FL 33160

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE **PRESIDENT** ☐ Delete  
NAME FIREMAN, GAIL  
STREET ADDRESS 3601 NE 170 ST #205  
CITY- ST- ZIP NORTH MIAMI BEACH FL 33160

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE SC ☐ Delete  
NAME BOSCH, BELKIS  
STREET ADDRESS 3601 NE 170 ST # 608  
CITY- ST- ZIP NORTH MIAMI BEACH FL 33160

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☒ Addition  
NAME **TREASURER**  
STREET ADDRESS **CARLOS BARRA NECHAZ**  
CITY- ST- ZIP **3601 N.E. 170 ST #604**  
**NORTH MIAMI BEACH FL 33160**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☒ Addition  
NAME **ASSISTANT SECRETARY**  
STREET ADDRESS **EDUARDO MEDERO**  
CITY- ST- ZIP **3601 N.E. 170 ST #409**  
**N. H. B. FL 33160**

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:

*Gail Fireman* president

3/1/07

(305) 949-4834

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #