

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 12, 2009
Secretary of State**

DOCUMENT# 717860

Entity Name: BAYSHORE PLACE CONDOMINIUM, INC.

Current Principal Place of Business:

1420 BRICKELL BAY DR
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

1420 BRICKELL BAY DR
MIAMI, FL 33131 US

New Mailing Address:

FEI Number: 59-1475007 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MORENO, LUIS
Address: 1420 BRICKELL BAY DR
City-St-Zip: MIAMI, FL 33131

Title: DT () Delete
Name: MORALES, JUAN C
Address: 1420 BRICKELL BAY DRIVE
City-St-Zip: MIAMI, FL 33131

Title: DS () Delete
Name: PEREZ-CISNERDS, TERESA
Address: 1420 BRICKELL BAY DR
City-St-Zip: MIAMI, FL 33131

Title: CP () Delete
Name: ZORIO, MARTIN
Address: 1420 BRICKELL BAY DR.
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: LAMBERT, WALTER
Address: 1420 BRICKELL BAY DR
City-St-Zip: MIAMI, FL 33131

Title: DT (X) Change () Addition
Name: GARCIA, TERESA
Address: 1420 BRICKELL BAY DRIVE
City-St-Zip: MIAMI, FL 33131

Title: DS (X) Change () Addition
Name: GARCIA, TERESA
Address: 1420 BRICKELL BAY DR
City-St-Zip: MIAMI, FL 33131

Title: D VP (X) Change () Addition
Name: REMENYI, ANA M
Address: 1420 BRICKELL BAY DR.
City-St-Zip: MIAMI, FL 33131

Title: D () Change (X) Addition
Name: MORALES, YOLANDA
Address: 1420 BRICKELL BAY DRIVE
City-St-Zip: MIAMI, FL 33131

Title: D () Change (X) Addition
Name: ESPAILLAT, MARIA
Address: 1420 BRICKELL BAY DRIVE
City-St-Zip: MIAMI, FL 33131

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER LAMBERT

DP

01/12/2009

Electronic Signature of Signing Officer or Director

Date