

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717783

Entity Name: BAYSHORE TERRACE CONDOMINIUM, INC.**Current Principal Place of Business:**1455 WEST AVENUE
MIAMI BEACH, FL 33139**Current Mailing Address:**1000 5TH STREET
SUITE 1316
MIAMI BEACH, FL 33139 US**FEI Number:** 59-1608402**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AVANTAGE PROPERTY MANAGEMENT
1000 5TH STREET
SUITE 1316
MIAMI BEACH, FL 33139 US*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:** BELKIS MIRABAL

03/20/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name DIEDRIK, JACOBS
Address 1000 5TH STREET
SUITE 1316
City-State-Zip: MIAMI BEACH FL 33139

Title VP
Name COX, JAMIESON
Address 1000 5TH STREET
SUITE 1316
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR
Name MARTINEZ, PAMELA
Address 1000 5TH STREET
SUITE 1316
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR
Name BOVEA, GABRIEL
Address 1000 5TH STREET
SUITE 1316
City-State-Zip: MIAMI BEACH FL 33139

Title TREASURER
Name BIEN-AIME, ROSELINE
Address 1000 5TH STREET
SUITE 1316
City-State-Zip: MIAMI BEACH FL 33139

Title PRESIDENT
Name BENTAYEB, NOUBLA
Address 1000 5TH STREET
SUITE 1316
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR
Name CHERVONENKO, EVGENIY
Address 1000 5TH STREET
SUITE 1316
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR
Name ALMAGNO, VERONICA T
Address 1000 5TH STREET
SUITE 1316
City-State-Zip: MIAMI BEACH FL 33139

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I hereby 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 all other like empowered.

SIGNATURE: BELKIS MIRABAL

LCAM

03/20/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SOLTAN, ASHRAF
Address 1000 5TH STREET
SUITE 1316
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR
Name GAETA, ELOY
Address 5100 W COPANS RD
#100
City-State-Zip: MARGATE FL 33063

Title LCAM
Name MIRABAL, BELKIS
Address 1000 5TH STREET
SUITE 1316
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR
Name ANDERSON, YOLANDA
Address 1000 5TH STREET
SUITE 1316
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR
Name PIMENTEL DE MENEZES, THIAGO
Address 1000 5TH STREET
SUITE 1316
City-State-Zip: MIAMI BEACH FL 33139