

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 717783

**Entity Name:** BAYSHORE TERRACE CONDOMINIUM, INC.

**Current Principal Place of Business:**

1455 WEST AVE  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

1234 WASHINGTON AVENUE  
SUITE 300  
MIAMI BEACH, FL 33139 US

**FEI Number:** 59-1608402

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REGATTA REAL ESTATE MANAGEMENT, INC.  
1234 WASHINGTON AVENUE  
SUITE 300  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name ACEVEDO, MONICA  
Address 1455 WEST AVE  
City-State-Zip: MIAMI BEACH FL 33139

Title TD  
Name VERDECIA, CARLOS  
Address 1455 WEST AVE  
City-State-Zip: MIAMI BEACH FL 33139

Title VP  
Name ANDERSON, ISABEL  
Address 1455 WEST AVE  
City-State-Zip: MIAMI FL 33139

Title DIRECTOR  
Name CASTRO, LETICIA  
Address 1455 WEST AVE  
City-State-Zip: MIAMI BEACH FL

Title DIRECTOR  
Name BOLT, DENNIS  
Address 1455 WEST AVE  
City-State-Zip: MIAMI BEACH FL

Title DIRECTOR  
Name PEREZ, NORMA  
Address 1455 WEST AVE  
City-State-Zip: MIAMI BEACH FL

Title SECRETARY  
Name AEDO, SARA  
Address 1455 WEST AVE  
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR  
Name VERITE, LEONOR  
Address 1455 WEST AVE  
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:** MONICA ACEVEDO

**PRESIDENT**

**04/30/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name RESTREPO, RUBEN  
Address 1455 WEST AVE  
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR  
Name ZAGHLOUL, RAMZI  
Address 1455 WEST AVE  
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR  
Name JACOBS, DIEDRIK  
Address 1455 WEST AVE  
City-State-Zip: MIAMI BEACH FL 33139