

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 724882

**Entity Name:** BAYVIEW POINT SO CONDOMINIUM ASSOC INC**Current Principal Place of Business:**3601 NE 170TH STREET  
OFFICE  
NORTH MIAMI BEACH, FL 33160**Current Mailing Address:**3601 N.E. 170 STREET  
OFFICE  
NORTH MIAMIH., FL 33160 US**FEI Number:** 59-1562862**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CABALLERO, JOSE J  
3601 N.E. 170 STREET  
OFFICE  
NORTH MIAMI BEACH, FL 33160 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	P
Name	MADERO, EDUARDO
Address	3601 N.E. 170 ST, 409
City-State-Zip:	NORTH MIAMI BEACH FL 33160

Title	T
Name	PITALUGA, ILEANA
Address	3601 N.E. 170 ST #303
City-State-Zip:	NORHT MIAMI BEACH FL 33160

Title	VP
Name	FIREMAN, GAIL
Address	3601 NE 170 ST #205
City-State-Zip:	NORTH MIAMI BEACH FL 33160

Title	S
Name	DYER, MARIA D
Address	3601 N.E. 170 STREET #608
City-State-Zip:	NORTH MIAMIH. FL 33160

Title	DIRECTOR
Name	DELUCA, YVONNE
Address	3601 N.E. 170 ST, #401
City-State-Zip:	NORTH MIAMI BEACH FL 33160

Title	DIRECTOR
Name	CASTILLO, JENELEE
Address	3601 N.E. 170 STREET N.MIAMI BEACH #408
City-State-Zip:	NORTH MIAMIH. FL 33160

Title	DIRECTOR
Name	GONZALEZ, GLADYS
Address	3601 N.E. 170 STREET #305
City-State-Zip:	NORTH MIAMIH. FL 33160

*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:** GAIL FIREMAN

VICE PRESIDENT

04/23/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date