

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749871

Entity Name: BAYVIEW TOWER CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**555 N.E. 30TH STREET
MIAMI, FL 33137**Current Mailing Address:**945 PENNSYLVANIA AVE
MIAMI BEACH, FL 33139 US**FEI Number:** 59-2159477**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHOENHOLTZ, JASON
945 PENNSYLVANIA AVE
SUITE 100
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:** JASON SCHOENHOLTZ

04/25/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|----------------------|
| Title | P |
| Name | ALECH, ALEIDA |
| Address | 555 NE 30TH ST, #902 |
| City-State-Zip: | MIAMI FL 33137 |

| | |
|-----------------|----------------|
| Title | DIRECTOR |
| Name | NOBLE, ANDREW |
| Address | 555 NE 30TH ST |
| City-State-Zip: | MIAMI FL 33137 |

| | |
|-----------------|-------------------------|
| Title | VP |
| Name | PASSARIELLO, GIANFRANCO |
| Address | 555 NE 30TH ST |
| City-State-Zip: | MIAMI FL 33137 |

| | |
|-----------------|------------------------|
| Title | TREASURER |
| Name | TURCIOS, DAGOBERTO |
| Address | 555 N.E. 30TH ST, #703 |
| City-State-Zip: | MIAMI FL 33137 |

| | |
|-----------------|------------------------|
| Title | SECRETARY |
| Name | PASSARIELLO, CATHERINE |
| Address | 555 NE 30TH ST |
| City-State-Zip: | MIAMI FL 33137 |

| | |
|-----------------|------------------|
| Title | DIRECTOR |
| Name | PERAGALLO, ENZO |
| Address | 555 NE 30 STREET |
| City-State-Zip: | MIAMI FL 33137 |

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: ALEIDA ALECH**PRESIDENT**

04/25/2018

Electronic Signature of Signing Officer/Director Detail

Date