

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012788

Entity Name: BAYVIEW PALMS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1800 & 1805 SANS SOUCI BLVD.
N. MIAMI, FL 33181

Current Mailing Address:

1805 SANS SOUCI BLVD.
MANAGEMENT OFFICE
N.MIAMI, FL 33181

FEI Number: 20-5092099

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOEDE & ADAMCZYK, PLLC
2600 DOUGLAS ROAD
SUITE 717
CORAL GABLES , FL 33134 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 VP
Name COHEN , YAIR
Address 1805 SANS SOUCI BLVD, MGMT OFFICE
City-State-Zip: NORTH MIAMI FL 33181

Title PRESIDENT
Name WILLIAMS, NIKISHA
Address 1805 SANS SOUCI BLVD. MGMT OFFICE
City-State-Zip: NORTH MIAMI FL 33181

Title DIRECTOR
Name CARVAJAL, ADELA
Address 1805 SANS SOUCI BLVD, MGMT OFFICE
City-State-Zip: NORTH MIAMI FL 33181

Title SECRETARY
Name GLORIA , LOPEZ
Address 1805 SANS SOUCI BLVD. MANAGEMENT OFFICE
City-State-Zip: N.MIAMI FL 33181

Title TREASURER
Name NOCHETTI, MARCELO
Address 1805 SANS SOUCI BLVD. MANAGEMENT OFFICE
City-State-Zip: N.MIAMI FL 33181

Title DIRECTOR
Name MARTI, MARINA
Address 1805 SANS SOUCI BLVD. MANAGEMENT OFFICE
City-State-Zip: N.MIAMI FL 33181

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: NIKISHA WILLIAMS

PRESIDENT

04/30/2022

Electronic Signature of Signing Officer/Director Detail

Date