

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13367

**FILED**  
**Jan 09, 2015**  
**Secretary of State**  
**CC7625936944**

**Entity Name:** MIAMI BAYSIDE FOUNDATION, INC.

**Current Principal Place of Business:**

25 SE 2ND AVENUE  
SUITE 240  
MIAMI, FL 33131

**Current Mailing Address:**

25 SE 2ND AVENUE  
SUITE 240  
MIAMI, FL 33131 US

**FEI Number:** 59-2834504

**Certificate of Status Desired:** No

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

WELLER, PAMELA  
401 BISCAYNE BLVD  
R-106  
MIAMI, FL 33131 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 T  
Name CORREA, JOSIE E  
Address 25 SE 2 AVE #240  
City-State-Zip: MIAMI FL 33131

Title V  
Name WELLER, PAMELA  
Address 401 BISCAYNE BLVD R-106  
City-State-Zip: MIAMI FL 33131

Title D  
Name AEDO, ROLANDO  
Address 701 BRICKELL AVENUE, SUITE 2700  
City-State-Zip: MIAMI FL 33131

Title D  
Name CARMONA, BENITO  
Address 2020 PONCE DE LEON BLVD, STE 101  
City-State-Zip: CORAL GABLES FL 33034

Title CHAIR  
Name KURLAND, NATHAN  
Address 25 SE 2ND AVENUE  
SUITE 240  
City-State-Zip: MIAMI FL 33131

Title SECRETARY  
Name EWAN, NICOLE  
Address 25 SE 2ND AVENUE  
SUITE 240  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name BARTON KING, MICHELLE  
Address 25 SE 2ND AVENUE  
SUITE 240  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name CAZEAU, JEFF  
Address 25 SE 2ND AVENUE  
SUITE 240  
City-State-Zip: MIAMI FL 33131

**Continues on page 2**

*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:** KATHLEEN MURPHY

**EXECUTIVE DIRECTOR**

**01/09/2015**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HERRON, JANE  
Address 25 SE 2ND AVENUE  
SUITE 240  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name LOUISSAINT, BEATRICE  
Address 25 SE 2ND AVENUE  
SUITE 240  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name MORTON, ELIZABETH  
Address 25 SE 2ND AVENUE  
SUITE 240  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name DUNSHEE, ADAM  
Address 25 SE 2ND AVENUE  
SUITE 240  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name GILL, MARIE  
Address 25 SE 2ND AVENUE  
SUITE 240  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name MCMILLIAN, LOUIS  
Address 25 SE 2ND AVENUE  
SUITE 240  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name PEREZ-CISNEROS, PABLO  
Address 25 SE 2ND AVENUE  
SUITE 240  
City-State-Zip: MIAMI FL 33131

Title EXECUTIVE DIRECTOR  
Name MURPHY, KATHLEEN  
Address 25 SE 2ND AVENUE  
SUITE 240  
City-State-Zip: MIAMI FL 33131